Docket No. 030446

Pinellas County

Test Year Ended December 31, 2002

MAR TO ECR

Docket No. 030446

25.30-440(1)
Detailed Map to be Submitted Separately

Test Year Ended December 31, 2002

Docket No. 030446

25.30-440(2) Chemicals Used

Test Year Ended December 31, 2002

MID-COUNTY SERVICES, INC. 2002 CHEMICAL USE DATA

County	System Name	Chemical Used	Annual Cost	Quantity	Unit Price	Feed Rate
PINELLAS	Mid-County	Chlorine gas	\$12,679.76	180 cyl.	\$70.00/cyl	70-90 ppd
	·	Sulfur dioxide	\$4,763.05	60 cyl.	\$76.50/cyl	25 ppd
		Ferric Sulfate	\$24,831.11	160 T	\$ 0.07/lb.	875 ppd
		Methanol	\$10,753.61	9,500 gal	\$ 0.99/gal	25-40 gpd
		Polymer	\$518.38	4 drums	\$119.00/drum	0.5 lb/20,000 gal
		Histasol	\$10,402.47	12 drums	\$14.96/gal	3.6 gpd
		Odor Control Agent	\$2,833.41	220 gal	\$12.50/gal	0.5 gpd

NOTE:

Chlorine feed rate at the wastewater treatment plant is a function of the waste flow rate and plant performance characteristics.

^{*}Used as an iron sequesterant.

Docket No. 030446

25.30-440(3) Chemical Analyses

Not Applicable

Test Year Ended December 31, 2002

Docket No. 030446

25.30-440(4) Operation Reports

Test Year Ended December 31, 2002

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Mid-County Services, Inc. 200 Weathersfield Ave.

Altamonte Springs, FL 32714

PERMIT NUMBER: MONITORING PERIOD From:

1-1-01 Final

To: REPORT: GROUP:

1-31-01 Monthly Domestic

LIMIT: CLASS SIZE:

PLANT SIZE/TREATMENT TYPE: DISCHARGE POINT NUMBER:

Minor В D001

WAFR SITE NO.:

14595

FACILITY: LOCATION: Mid-County WWTP

Pinellas

2299 Spanish Vista Dr. Palm Harbor, FL 34668 THREE MONTH ROLLING ADF:

CAPACITY: 900 80 % of permitted

DMR date: 2/00

NTY: Pinelias			Landing	Units	Qual	ity or Concentra	tion	Units	No.	Frequency of Analysis	Sample Typ
Parameter		Quantity	or Loading	Onto					Ex.		2.54
					2.95		1	MGL		CAUL	
IOD5	Sample Measurement			nt one protection	2.95		XXXXX	mg/L	2.36	Calculated	Rolling Ann
ORETCNO 80082	Pennit Measurement				(Ansave) & r		71.500		Newsyl.	WKLY	16 HR
No EED-01-301104355435	Sample				62.0	22.0	62.0	MAL	100000	Weckly	16-hour F
BOD5	Measurement			4.00	### 6.25a v+	VED SER	(Max)	mg/L		SEPHENT A	37/1977
OPET NO 80082	Permit of a Measurement a				(Mo Avg.)	© (Week:AVg.15		MGZ		CAUL	1.36
S	Sample	1			1.49	37.00	a-promise of the cut Han	me/b	32.55	Galculated	Rolling
The second secon	Measurement Permit	PAGE NO.	THE RESERVE	2437	是50050000			rymg/b	4.4	Constitution of the second	S STATE
TORE TN6: 00530	Measurement 1	1975	1 TO 160	The state of	(An.Avg).	2 (2.6	Mor		WKLY	16/4
SS	Sample				1.7	0.0	₩ 10.0	mg/L	633	Weekly	16-hour
	Measurement Permit 25 5 12		44373 W	* 6	6.25 (Mo.Avg.)	(Week Avg.)	(Max.)	9100	3763	S 23 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5 37 37 37 37 37 37 37 37 37 37 37 37 37
OREC No. 200530 17 77 77 77 77 77 77 77 77 77 77 77 77	Measurement	3.0	A. 10 (19 (19 (19 (19 (19 (19 (19 (19 (19 (19	314.57.55	Explinence St. P.		3.4	MER		5DWK	60
SS	Sample							mg/L	100	5 Days/Week	Grab
	Measurement Permit	16 3 3 3 3 3 3	EXE FIR				5.0 (Max.)	With the) *** \}.5	社 的 《 图 图 图 图 图 图	The state of the s
TORET No. 00530 1		8-11-54	全国的基础	E TO TORY	/ Q	A STATE OF THE STA	17	5.0		(owt	MTR
11	Sample			Į	6.9	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85. 64	5.U/si	O PLANT	Continuous	- Mete
in the second se	Measurement	7 505765	ALL ALLES	13.72	3 14 6.0		(Mac)	1	3 343	7 50 2 2	1
TORET NO. 00400					对与特别(Wint)是在	A STANSON OF THE	11 374 4 341				

¹Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

submitted informat	ion is true, accurate and complete. I am aware that there are significant	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO DATE (YY/MM/DD)
NAME/TITLE O	F PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OF TIEST	221-787-7978 2-22-01
CEAD P	but operator.	Conade Hostetles	

PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: **D001**

WAFR SITE No.: 14595

ACILITY NAME: Mid-County WWTP	1					lity or Concentra	tion	Units	No.	Frequency of Analysis	Sample T
Parameter	`	Quantity	or Loading	Units	Qua	nity or Concentra			Ex.		(()
	Sample				ND75%.		</th <th>760m</th> <th></th> <th>5 Days/Work</th> <th>Grab</th>	760m		5 Days/Work	Grab
ecal Coliform Bacteria	Measurement				Non Detectable		25 (Max.)	#/100mL		5 Days/ Week	<u> </u>
TORET No. 31615 1 fon Site No. EFD-01-36118	Permit Measurement				(75 Percentile)			MGL		16H-GRABS	SA
RC for disinfection	Sample Measurement				1.0			mg/L		Continuous	Mete
TORET No. 50060 A	Permit Measurement				(Min.)			MGZ		HRU	6.6
ion.Site No. EPA-01-36356 RC for dechlorination	Sample Measurement					gradienių regiger	0.01	mg/L		Hourly	Gr
TORET No. 50060 1 Mon. Site No. EFD-01-36118	Permit Measurement	4					(Max.)	Mar	-	CAUL	2.
Non. Site No. EFD-01-30110	Sample Measurement				3.7		Han Harris	mg/L as		Calculated	Rolling
STORET No. 00600 Y Mon. Size No. EFD-01-36118	Permit Measurement				(Au.Avg.)		5.7	Mes		wkuy	161
Mon. Sie No. Er Dor serve Nitrogen	Sample Measurement				3.6	S·7	6.0	mg/L as		Weekly	16-bo
STORET No. 00600 1 Mon. Site No. EFD-01-36118	Permit Measurement				(Mo.Avg.)	(Week Avg.)	(Max.)	MEL		CAUL.	161
Phosphorus	Sample Measurement				1.0			eng/L as		Calculated	16-ho
STORET No. 00665 y Man. Site No. EFD-01-36118	Permit Messerement				(An.Avg.)	u 9	.49	4462	1	JUKW	16
Phosphorus	Sample Measurement				1.25	1.5	2.0	mg/L as		Wockly	16-ho
STORET No. 70507 1	Permit Measurement				(Mo.Avg.)	(Week.Avg.)	(Max.)	MLZ	+	Duy	64
Mon.Site No. EFD-01-36118 Oxygen, Dissolved (DO)	Sample Measurement				6.9			mg/L	+-	Daily	0
STORET No. 00300 1	Permit				(Min.)	<u> </u>					<u>l</u>
Mon.Site No. EFD-01-36118	Measurement										

PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

ACILITY NAME: Mid-County WWTP ONTH/YEAR: SWW AGO	1	O compliant	or Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Parameter		Quantity							-	Court	FUNTE.
low	Sample Measurement	121	. 739	M6D	***************************************					Continuous	Flow Meters Totalizers
TORET No. 50050	Permit Measurement	0.900 (AADF ²)	Report (Mo Avg.)	mgd						Maul	,749
Aon Site No. EFD-01-36118	Sample Measurement		.812	MED				n kalikali v		Monthly Calculation	Calculation (Rolling Annual Avg
TORET No. 50050 Y Man Site No. EFD-01-36118	Permit Measurement		Report (Ann Avg.)							1.0	Annual Ava
CBOD5	Sample				194			Mal	-	Monthly	16-hour FF
CTOPET No. 80082 G	Measurement Permit Measurement				Report (Mo.Avg.)	2.74		0000		1110	1/6 Nu
Mon Site No. INF-01-36119	Sample Measurement			13. 37	236 Report			Mb.L		Monthly	16-hour F
STORET No. 00530 0	Permit Measurement				(Mo.Avg.)						
Mon.Site No. JNF-01-36119	Sample Measurement								1		
्रोति (व्या	Measurement										
	Sample Measurement										
	Permit Méasurement										
	Sample Measurement Permit								_		
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	Measurement Permit								-		
	Measurement Sample	-							+		
	Permit Measurement		and the preceding								<u> </u>

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA0034789-002-DWIP Month TEM 2001.

Facility Name: Mid-County WWTP

.721

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	TRC (For Dechlorinat.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Čode	50050	80082	00530	00530	00400	74055	50060	50060	00600	00665	00300	80082	00530
Mon. Site	EFD-01	EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01	EFD-01	INF-01	INF-01
1	.725			1.6	7.4 - 7.4	<1	2.5	0.01			7-8		
2	.730			3.0	7.3 - 7.1	<i>c1</i>	5.0	001			7.0	1011	0.26
3		(2.0	1.4	0.6	7.4-1-2	Τ	3.5	0.01	1.4	-25	7.5	194	236
4	,710			405	24-7.1	41	14.9	0.01			7.1	-	
5	. 725			1.4	73-71	</td <td>3.2</td> <td>0.01</td> <td>-</td> <td>-</td> <td>7.4</td> <td> </td> <td> </td>	3.2	0.01	-	-	7.4	 	
6	.143			<u> </u>	73-7.0		3.0	001	 		75		
7	43 ر.				7-4-7-1		5.8	001				 	
8	.741		<u> </u>	1.0	7.4-14		3.7	0.01	- 		7.2		
9	.704			2.6	7.4-7.		4.2	0.01	1/10	.49	7.0		-
10	.707	(J.O	2.6	3.2	73-7-		5-0	0.01	4.9	1.47	7.4	 	
11	.710			1.6	7.4-7.		3.5	0.01		+	7.7		
12	1.725			2.8	74-7		2.4	0.01			7.8	+	
13	.791				2.2-20	I	4.2	10.0			8.3	-	
14	,133	<u>}</u>		=-	7.7-7.3	,	2.8	001			6.9		
15	1.769			1.2	75-7.		1.4	0-01			7.0		
16	734			3.4	7.5-7.3		2.2-	0.01	2.5	.20	7.2		
17	.734		1.6	1.8	7.4- 7		5.0	0.01	7.3	1:00	7.2		
18	.793		-	1.2			3.0	0.01			7-8		
20	.770		_	1.4	7.3 - 7		4.8	0.01	_		7-8		
21	.766	_		-	<u>).1- 7</u>		3.8	0.0(8.5		
22	.752		_	1 .	7.6.1		5-0	0.01			7-6		
23	.75		_	1-6	7.Y-7		3.3				7.2	\Box	
23	.64		-	1-4	7.5- 7			0.01			7.0		
25	.74					()	5.0	0.01	3.8	20	69		
L		r (2.0	0.0			· · · · · ·	1.4				7.7		
26 27	1.76			d. (10 </td <td>1.8</td> <td>0 01</td> <td></td> <td></td> <td>7.8</td> <td></td> <td></td>	1.8	0 01			7.8		
28	1.00			-	7-3	1	33				7.0)	
29				17	76-	1 .	17.7	0-01			7-0)	
30	1.73		-+-	1.0		2.0 4	1.4				7.3		
31	1-11	7 15 K2.0) 1.0	2.0			5.0			2 17	7.0	7	

PLANT STAFFING: Day Shift Operator Evening Shift Operator Night Shift Operator Lead Operator Type of Effluent Disposal or Elimited Wet Weather Dischar	Class: Class: Class: Class: Reclaimed	Water Reuse ted: Yes: N		1864 ASID 112711 NA 11.8035 EN CREEK	Name:	DON E	RAISTETIEL NA:	MAPS ANT
discharge:								
'Attach additional sheets if no	cessary to	list all certifi	ed operators.					

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA0034789-002-DW1P Month TEM 2001.

Facility Name: Mid-County WWTP

Three-month Average Daily Flow:
Daily Flow % of Permitted Capacity: 20%

	Flow (MGD)	CBODS (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (s.u.) H= L	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	TRC (For Dechlorinat.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBODS (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00530	00400	74055	50060	50060	00600	00665	00300	80082	00530
Mon. Site	EFD-01	EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01	EFD-01	INF-01	INF-01
1	.725			1.6	7.4- 7.4	<1	2.5	0.01			7-8		
2	.730			3.0	7.3 - 7.1	<i>C1</i>	5.0	0.01			7.0	-	
3	.661	(2.0	1.4	0.6	7.4-1.2	21	3.5	0.01	1-4	.25	7.5	194	236
4	,71º			<05	24-7.1	41	4.9	0.01			7.1	-	
5	.725			14	7.3-7.1	<1	2.2	0.01	ļ		7.4	 	-
6	.143				13-7.0		3.0	0.01			7.5		
7	٦ ٢3				7-4-7-1	_	2.8	0.01			18.1	 	
8	.741			1.0	7.4-10	21	3.7	0.01			7.2	-	
9	-704			2.0	7.4- 7.3		4.2	0.01			71		-
10	.707	(2.0	2.6	2.2	73- 70	<1	5-0	0.01	49	.49	7.0		
11	.710			1.6	24-7.1	<1	3.5	0.01			7-4		
12	.725			2.8	7.4-7.	</td <td>2.4</td> <td>0.01</td> <td>ļ</td> <td></td> <td>7.7</td> <td></td> <td></td>	2.4	0.01	ļ		7.7		
13	.791		<u> </u>		7.2-20		42	0.01	<u> </u>		7.8	 	
14	.733			-	7.7-7.3		2.8	001	 		8-3		-
15	.769			1.2	75-71		1.4	0.01			6.9		
16	734			3.7	7.5-7.2		2.2	0.01			7.0	+	
17	.734	(2.0	1.6	1.8	7.4- 7.		1.6	001	2.5	1.20	7.2		
18	793		_	1.2	7.4-70		5.0	0.01			7.2	-	
19	.770		_	1.4	7.3-7.	04	30	0.01			7.8		
20	.766			-	1.1-7	<u> </u>	4.8	0.01	_		7-8		
21	.752				7.6- 1.		3.8	001			85	_	
22	. 751			1.6	7-4-7.		5-0	0.01			7-0	-	
23	.64			1.4	75- 7.	121	3.3	0.01			7.2	·	- +
24	.747	3		LO 5	7:5-7.		5.0	0.01	 		7.0		_
25	.691		0.6				5.0	0.01	3.8	1.20	69	_	+
26	.76	3		2.6	23-7	0 </td <td>1.4</td> <td>0.01</td> <td></td> <td></td> <td>7-7</td> <td>_ </td> <td>_</td>	1.4	0.01			7-7	_	_
27	.30	۷ .			7-37	1	1.8	0.01	_		7.8		
28	.777			<u> </u>	76-7	<u> </u>	32	0.01			7.9		
29	.73	7		1-0	1.4-7	0 </td <td>/./</td> <td>0-01</td> <td></td> <td></td> <td>7.0</td> <td></td> <td></td>	/./	0-01			7.0		
30	.77			2.0	74-6	9 4	1.4	001			7.2		
31	1,74	5/2.0	1.0	1.0	74-7	1 41	5.0	0.01	5.7	1,17	7.0	′	

1.177 -0.0	, 11.0	79-7.1			
PLANT STAFFING: Day Shift Operator	Class: B+C	Certificate No:	C 12018 B. 3035	Name:	Dow HOSTETIEL - DAKWARLER
Evening Shift Operator	Class: CIAHA	Certificate No:	(8854 ASI) (1271)		JAYROUGH ROUGHTOHIS MAPI OUTHER
Night Shift Operator Lead Operator	Class: X/7	Certificate No:	NA (1) 803 5	Name:	DON E HOSTETIEL
Type of Effluent Disposal of	Reclaimed Water Reus	CULLE	w CREEK		Frust weather (11)
Limited Wet Weather Disch	arge Activated: Yes: 1	lo: Not Applicab	ole: If yes, cumulativ	e days of	wet wealter

'Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

'hea Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

ERMITTEE NAME: LAILING ADDRESS: Mid-County Services, Inc. 200 Weathersfield Ave.

Altamonte Springs, FL 32714

MONITORING PERIOD From:

LIMIT: CLASS SIZE:

PLANT SIZE/TREATMENT TYPE:

DISCHARGE POINT NUMBER:

FEB 1-200 Final

Minor

D001

В

REPORT: GROUP:

REB 28-2001 Monthly

Domestic

14595

ACILITY:

Mid-County WWTP

2299 Spanish Vista Dr. OCATION: Palm Harbor, FL 34668

Pinellas

THREE MONTH ROLLING ADF:

81% % OF PERMITTED CAPACITY: 900

WAFR SITE NO.:

DMR date: 2/00

UNTY: Pinellas										Frequency of	Sample Type
				Units	Qual	ity or Concentra	tion	Units	No.	Frequency of Analysis	
Parameter		Quantity	or Loading	Onits					-	CAUL	3.3
	Sample				2.9		controller All and All	Mo	رد من بند.	4 - Calculated	Rolling Annual
BOD5	Measurement	200000000000000000000000000000000000000	2012	23.5%	£364302		***	7.670	GEA.	A CHAIR CONT.	
ORET No. 80082	Permit 2	1	2 1 Table	3203-99	E CHILLIAN TO	6.5	6.5	MGL			24HFPC
BOD?	Sample Measurement				3.1 54446254088	120000000000000000000000000000000000000	か10,0 報気(Max)がII			Weekly	100
	Permit 4		12.2		(Mo Avg)	WeekAve I	製造死(Maxt) 7月1年	1	7.7.	CAUL	1.9
NO ETO DE SOLO - CAL	Sample		1		1.8			MGL	I PESS	Calculated	Rolling Armaia
SS	Measurement	TYPE TYPE AND	SHEET SELE	1	1 200 35.05 7			Zamg/L	4.4	18 . A. A	AVB
TORET NO TOUS NOT YET THE	Measurement		E F. S.	4	TATALAN AVE	3.7	2.2	M62		WKLY	ZYHRFPC
STENC BED-01-36118	Sample Measurement				3.7			mg/L	332	Weekly,	16-hour FPC
www.purchasayonsayonsayonsayon	Permit		第四次	177	(Mo.Avg.)	(Week Avg)	1	1 1 1 1	1 2 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TOUK	GB.
OBET NO DEFENDITION OF THE PARTY OF THE PART	Sample						3.2	M6-L		3.5 Days/Week	Grab
SS	Measurement	1 1 1 1 1 1 1 1 1 1 1 1 1	1 15 200 7 3 5 S	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12.00	100	.5.0 (Max.)	1,115	1 11		
TORET No. 00530	Permit Measurement	4 1 32	1 7 1 1 1 1	e	(Q G G G G G G G G G G G G G G G G G G		7 7	5.0		Court	MtR.
CONSIDERATION OF THE PROPERTY	Sample				6 /	FING COLUMNS	(Max)	S.U	2	Continuous	Meter
	Measurement Permit	STEE	19 March 19		6.0 1 (Min) 12		(Macc)	E Therese	a watar	VIAILATE STATE	1.12
The state of the s	all continues to		the preceding 11 t	month's mor	nthly average						information The!

'Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

and an expensive of law that I have personally examined and an talking for submitting false information including the possession of the po	TELEPHONE NO DATE (YY/MN//DD)	\neg
I certify under penalty of law that I have personally examined and all talified to submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the positive of periodic penalties for submitting false information including the positive of periodic penalties for submitting false information including the positive of periodic penalties for submitting false information including the positive penalties for submitten penalties for submitting false information including the positive penalties for submitten penalties fo	TELEPHONE NO. DATE (Y T/MIN 5 2/B)	
submitted information is the description of the property of th		- 1
	727-787-7979 3-20-01	ı
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OFFI	717-787-7973 0 00	
/ / C Nolle		
Caca C , ,		
1600 Pul CACHTAL		

FACILITY NAME: Mid-County WWTP

PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				ND75%.		<1.0	Toomi		SDUK	GRAB
STORET No. 31615 1 Mon. Site No. EFD-01-36118	Permit Measurement	\$17		3. 3. 4.	Non Detectable (75 Percentile)		25 (Max.)	#/10 0m L		5 Days/Week	Grab
TRC for disinfection	Sample Measurement				1.6			MOS		Cooling Hen	XHIR.
STORET No. 50060 A Mon. Site No. EPA-01-36356	Permit Measurement				1.0 (Min.)			mg/L		Continuous	Meter
TRC for dechlorination	Sample Measurement						0.01	NOL		How.	6lB
STORET No. 50060 1 Mon. Site No. EFD-01-36118	Permit Measurement						0,01 (Max.)	mg/L		Hourly	Grab
Nitrogen	Sample Measurement				3.1	<u> </u>		MGL		CAUL	3.6
STORET No. 00600 Y Mon. Site No. EFD-01-36118	Permit Measurement				3.0 (An.Avg.)		e delle Lifeth	mg/L as		Calculated	Rolling Annu Avg.
Nitrogen	Sample Measurement				2.68	5.1	5.1	1462		wking	ZYHRTI
STORET No. 00600 1 Mon.Site No. EFD-01-36118	Permit Measurement				3.75 (Mo.Avg.)	4.5 (Wœk.Avg.)	6.0 (Max.)	mg/L as N		Weekly	16-hour FPC
Phosphorus	Sample Measurement				. ५५			MGL		CAUL	24 KFPC
STORET No. 00665 y Mon. Site No. EFD-01-36118	Permit Measurement	1.50			1.0 (An.Avg.)		,	mg/L as		Calculated	16-hour FPC
Phosphorus	Sample Measurement				.78	. ૫ 8	.48	MGL		WKLY	ZYNFPC
STORET No. 70507 1 Mon. Site No. EFD-01-36118	Permit Measurement				1.25 (Mo.Avg.)	1.5 (Week.Avg.)	2.0 (Max.)	mg/L as		Weekly	16-hour FPC
Oxygen, Dissolved (DO)	Sample Measurement				60	<u> </u>		Mar		Duy.	6B
STORET No. 00300 1 Mon. Size No. EFD-01-36118	Permit Measurement				5.0 (Mia.)			mg/L		Daily	Grab

FACILITY NAME: Mid-County WWTP MONTH/YEAR: FEB 2001

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FL0034789-002-DW1P

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

Parameter		Quantity	or Loading	Units	Qua	ality or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample	,729	.749	Mass						Com	FINITR
STORET No. 50050 1 Mon Site No. EFD-01-36118	Measurement Pennit Measurement	0.900 (AADF ²)	Report (Mo.Avg.)	mgd						Commuous	Flow Meters Totalizers
Flow	Sample Measurement		.811	MGD,						Monthly	Calculation
STORET No. 50050 Y Man Site No. EFD-01-36118	Permit Measurement		Report (Ann Avg.)	mgđ						Calculation	(Rolling
CBOD5	Sample Measurement				473			MG-2 mg/L		M-O Monthly	16 Hour FP
STORET No. 80082 G Mon.Site No. INF-01-36119	Permit Measurement				Report (Mo.Avg.)						7,
TSS	Sample Measurement				404			MGL		Monthly	16-bour FI
STORET No. 00530 G Mon Site No. INF-01-36119	Pennit Measurement				Report (Mo.Avg.)					(* 1970) (* 1944) (* 1984) 	
	Sample Measurement						<u> </u>		-		
21) - 1	Permit Measurement							-	+-		
	Sample Measurement								+-		
	Permit Measurement						<u> </u>	-	-		-
	Sample Measurement		<u> </u>	 	<u> </u>			-	-		
	Permit Mos surement								+		
	Sample Measurement				-	_	 	 	+-	12	
	Permit Measurement			-	 			 	+		
	Sample Measurement					+		+	+-		
	Permit Measurement		d the preceding 11	1			<u> </u>			1	

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.

FLA0034789-002-DW1P Permit Number: Month Year FEB 2001

Facility Name: Mid-County WWTP

Three-month Average Daily Flow: 81% Daily Flow % of Permitted Capacity:

	Flow (MGD)	CBOD5 (mg/l.)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	TRC (For Dechlorinat.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBODS (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00530	00400	74055	50060	50060	00600	00665	00300	80082	00530
1	EFD-01	EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01	EFD-01	INF-01	INF-01
1				60.5	7.6 - 11	<1	4.5	6.01			7.1		
2	.750			2.0	7.4-7.1	77	3.2	0.01			75		
3	18)			-	74-71		5.0	0.01			7 7		} -
4	197			-	7.7-71		3.2	0-01			7.6		
5	805			1-0	74-12	11	3.5	001			7.)	 	
6	.732		1	1.4	7.4- 7.2	1/	41	0 01			7.6	-	6/01/
7	,740	(2.0	0.6	0.4	7.4-21	7	4.5	001	5.1	1.11	70	413	404.
E	.745			1.0	7-4-1-2	</td <td>3.2</td> <td>0.01</td> <td></td> <td></td> <td>7.7</td> <td>+</td> <td>+</td>	3.2	0.01			7.7	+	+
9	724			0.8	7.3-7.	1 <1	4.5	0.01			77	+	
10	.737			_	7.3-7.0	, =	32	001			7.5	+	+-
11	192				73-7.2	_	3.7	001	 		13.1		+
12	. 800			3.2			5.0	0.01			7.0		1
13	762			1-8	7.4-1.		5.0	001	1 3 0	+		-	
14	.759	(١٠٥	1.0	0.8	7.4.7.	1 <1	1:1	0.01	3.0	+ · × 3	7.2		+
15	.767			1.7	242		15			_	7.4		_
16	750	1		0.6	15-7	3 < 1	2.2	0.01			75	-	
17	543				2.4-7.	1 -	2.4	0.01			8.7		
18	75 1	-]		4-	76-1		27	0.01	_		7.0	-	
19	. 82=	3		20.5	74.7		48	0.01			7.8	_	
20	.76	3		[a.a			4.2		+	. 34			
21	. 7 ک	26.5	3.5		8 7.5-7		1/-2	001	,93	- 1	7 +		
22	.74	0		<u> </u>	574	- 1	46	0-01		_	7.7	_	
23	73	5		<0.	5 7.4-		3.9		_		7.4		
24	.70	ما). (~- 7	24	-				8.1		
25	.77	4					3.5				7.0	5	_
26	76	9		1.0		7.1 <1					7. 0		
27	.71			0.9			5.0		-+,-	7 . 48			
28	1.70	ч. ८ а.	0 1-0	1.	3 76-	72 41	1.0	0.01	1.	4 - 7 9	2		
29											_		1
30													
31										U VIV		. /	GATE

	c/2018		C/2018	DAY10	Wanklick.	Gutter
LANT STAFFING: Day Shift Operator		Certificate No:		me: Darano	- Hostetine	2 44
Evening Shift Operator	Class: C+A	Certificate No:	C 03.3 /	me: Howard	J ALVIGI	- Rul H JOHNS
vight Shift Operator		Certificate No:	AIT	ime: Donais	SE HOST	etcec.
Lead Operator Type of Effluent Disposal or F		Certificate No:	B.003	XM.		المساوي والمساوي
Type of Efficient Disposal of F Limited Wet Weather Dischar	ge Activated: Yes: No:	Not Applicable	e: If yes, cumulative da	ys of wel weather	MA.	- comp

discharge:
'Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENT AND A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Mid-County Services, Inc.

Altamonte Springs, FL 32714

200 Weathersfield Ave.

PERMIT NUMBER:

FL0034789-002-DW1P MONITORING PERIOD From:

3-1-01_ Final

To: REPORT:

CLASS SIZE: PLANT SIZE/TREATMENT TYPE:

LIMIT:

Minor В D001 GROUP: WAFR SITE NO.

Domestic 14595

FACILITY: LOCATION: Mid-County WWTP 2299 Spanish Vista Dr.

Palm Harbor, FL 34668

THREE MONTH ROLLING ADF:

DISCHARGE POINT NUMBER:

\$3% of PERMITTED CAPACITY: - 900

DMR & ... 2/00

COUNTY:

Pinellas

Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample				3.8			MGL		CAUL.	2.6
STORET No. 80082 Y THE	Measurement Permit			MA SA	500		N. 10-13	mg/L	1	Calculated	Rolling Annual
MOUSIE NO. EFD-01-36118	Measurement Sample	NE RESERVE	AND THE STATE OF T	5-187-81	2.0	20	2.0	MGZ		WKLY	24 HLIPC
CBOD5	Measurement	THE PARTY NAMED IN		***	Mo Ave	v 245 6 4	Mac) Mic		- A	Weekly.	16-hour FPC
STORET NO SECTION SERVICES	Messurement			174 400		(Week:Avg.)	San Section of the se		#4.4 = Y	CAUL	15
TSS	Sample Measurement		200000000000000000000000000000000000000	V (10 m/1	1.59	4500187 MCES	**************************************	M6 C	P	K4 Calculated	Rolling Annual
CONTROL NO. DED-01-36118	Permit A		数有效	317	(\a(Ao Avg)=)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1,512,1314	A THE PER	是15.43.46.多少数器	
188	Sample Measurement				1.0	26	€ 6 €	Mal. mg/Ling	والمنازع المنازع	WECKLY Weckly	24 HUPP C
TORETNO 00530	Permit B. The	拉车			6.25: ±	(Week Avg)	(Max.)	70 19	200	大学学	THE STATE OF THE
155 STE No EFD-01-36118.	Sample	3 37 3					62	Mar		SDWK	Grab 2 4
PRITORET.No. 00530 (C.	Neasurement Permit	1 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6			No.		₹ (Mix)	mg/L	1	5 Days/Week	Grab Grab
TORET No. 00530	Measurement :	1011 1221 1211	4-7-10-10-10-10-10-10-10-10-10-10-10-10-10-	14 1010	7.1		7.6	5.0		Court	MTR.
	Measurement		TO SECTION	13 × 12 12	7,5,60	76. 16. 2.35	8.5 (Max.)	S.U.		Continuous	Meter
FID OUT TO	Tempenent a	Size L			JANES (Min.) STOR	H. W. C. C.	Inka Milliam Adde	1 1 2	177.		

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

Lectify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment

THE STATE OF THE OFFICER OF ALTHORIZED	AGENT TELEPHONE NO DATE (YY/MNVDU)
NAMEZHILL OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	
Whom De Hosteller	727 -787-7918 01-4-24
Whom V (/ A Cle ller)	
CEAD POINT OPERATOR	

DISCHARGE MONITORING REPURIT FART A (COLLINGO)

FACILITY NAME: Mid-County WWTP
Month/Year: MALCH 2001

PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: **D001**

WAFR SITE No.: 14595

Month/Year: MARCEL 3-001				71.4	Oug	lity or Concentra	tion	Units	No.	Frequency of	Sample Type
Parameter		Quantity	or Loading	Units	Qua	my or Concentra			Ex.	Analysis	
Fecal Coliform Bacteria	Sample	<u> </u>			ND 75%		3	Form		STUK	6.B
	Measurement	and the second states	Marie Sales and Continues	2.3.35.05-0.09 6 24	SNon Detectable	CONTRACTOR SEC	3. 2.3°;25	#/100mL	3-3-3	5 Days/Week	Grab
STORET No. 31615 C.C. C.C. C.C. Mon. Side No. (EFD-01-361181 255)	Permit A			12.33	(75 Percentile)	C. Hadde	25',25 (Max.)	大学を	£ 592	Share Hall	2000年2000年2000年
1RC for disinfection	Sample Measurement				1.0			NEL		GRAD Herry	MTR.
STORET NO 50060 TO A STATE OF	Permit 4			WALE	(Min.)	7.30	M	mg/L うかか	इंड्र	Continuous (Meter
IRC for dechlorination	Sample Measurement						0.01	MG-L		HRLY	GB
STORET NO S0060 201	Permit 1	333				3196	五 0.01 公 (Max.)	mg/L	2 13	Hourly	Grab Grab
Mon Sife North Of 36118	Sample	CAT NO.		222424	-3./			M62		Caul	2.89
RIGHTN9700000 PRANTAL	Measurement Permit				ATAVE)			mg/L as		Calculated (Rolling Annual
Nitrogen	Measurement :			23.62.33.	2.7	2.7	4.1	Mal		wkny	24 AFPC
\$100ET NO:00800	Measurement Permit			23.9	20075 F	T(Week Ave.)	(Max)	mg/Las	2.3	Weekly	\$16-bour F.C.
Phosphorus	Sample	NO STATEMENT	and the second	WAR CONTRACTOR	,44			NaL		CAUL	ZYAFPC
	Measurement Permit 64 6	() 九二九十年 ()	AND DESCRIPTION OF THE PARTY OF	Exce cale	68:2410 En Sa			mg/Las!	\$2. W	Calculated	16-bour FPC
CTORET No. 00665 (E. V.)	Measurement	经数据			(An Avg.)			5 P →	8.7 OK	A STATE CONTRACT	
Phasptorus	Sample Measurement				,73	.13	16	Mal	15 15 mb	WKLY	2412 FAC 16-how FBC 3
STORET NO 70507 AC 1 FEB 22	Permit Main	T. France			(Mo Avg.)	(Weck Ayg.)	2.0 (Max.)	mg/L as	元零		100
Oxyge - Dissolved (DO)	Sample				7.0			Mar		DUY	6-13
**************************************	Measurement Permit Salar				\$0			myL		Daily	Yes Grib

DAILY SAMPLE RESULTS - PART B

Permit Number:

FLA0034789-002-DW1P

Month/Year MARCH 2001 Facility Name: Mid-County WWTP

Three-month Average Daily Flow: 748
Daily Flow % of Permitted Capacity: 83%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	TRC (For Dechlorinat.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	GRAG 00530	00400	74055	50060	50060	00600	00665	00300	80082	00530
Mon. Site	EFD-01	EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01	EFD-01	INF-01	INF-01
1	.742	(5.0	1.0	1.0	 	//			ļ				
2	.73c	C ox C	17.0	1-0	76-74	<u> </u>	1.0	0.01	1.7	,48	70		
3	.737			1.0	74-7.1		/・ よ	0 01			7.5		<u> </u>
4	757			_	74-7-1		3.2	0.01		 	25		
5	761		 		26-74	2	4.8	0.01			75		
6	.749		 		75-73	CI	5.0	0.0(75	 	
7		15.0	205		25-13	<u> </u>	3.3	 	<i>u</i> ,	60	† · · · · · · · · · · · · · · · · · · ·	22.4	2
8	.755		200	62	7471	<u> </u>	1.8	0.01	4.1	.58	7.1	224	336
9	.725					CI	3.5	0.01			 	ļ 	
10	.716		 	CO5	23-7.1		 	 	 	 	7.7	 	-
11	.754	 	 		7-7-7-1		5.0	001			7.5		
12	784			/0 5	7.3 - 7.1	<u> </u>	3.0	 		ļ	79	 	
13	.771	 		<0.2	76-1.2		5.0	0.01		 	74		
14	.772	C2-0	2.6	1.6	76-73	<1 (1	5.8	001	3	1	75 74	 	
15	.113	Caro	0.6	06	75-7.1		4.7	0-01	3.4	023	7.0		
16	786	 		<0.5	7.5-7.1		2.8	0.01			7.5	<u> </u>	
17	. 710		 	1	75-11		1.3	0-01			7.5		ļ
18	.762			_	20-21	<u> </u>	2.7	0-01	 		24	 	<u> </u>
19	.765			1.2	7.5-7.1		4.5	0001			7.2	<u> </u>	
20	.780	12.0	06	2-6	7.6-7.4		4.2	001			7.0	 	-
21	.832			0.6	75-13	<1	2.2	001	29	1.0	71		
22	703			<1	73-13	4.	1.8	0.01	d /	1	7.8		
23	703			205	75-71	</td <td>2.5</td> <td>001</td> <td>-</td> <td></td> <td>7.7</td> <td>-</td> <td><u> </u></td>	2.5	001	-		7.7	-	<u> </u>
24	. 896		1	= -	1			† · · · · · · · · · · · · · · · · · · ·	 	+		+	
25 ⁻	.755	1	 	_	7.4-7.1	-	2.4	001	 	 	8.1	+	
26	.760	 	 	06	75-12		3.2	0.01		-	1		
27	906				74-7-1		5.2		 		77	 	
28		(10	20.5		75-7.1	I	3.5	0-01	1.5	1 , ,		 	
29	-710	7.7	1	605	T	·	5-0	001	1 / >	16	7. 7 7. 0	1	
30	.725		†	</td <td>74-7-1</td> <td></td> <td>3.3</td> <td>0.01</td> <td></td> <td>+</td> <td>7.5</td> <td></td> <td> </td>	74-7-1		3.3	0.01		+	7.5		
31	.791	1	—		7-4-7-1	T	4.1	0.01			78		

PLANT STAFFING: Day Shift Operator Evening Shift Operator Night Shift Operator Lead Operator Type of Effluent Disposal or R	Class: Class: Class: Class: eclaimed	B+C+A C+H. NA NA Water Reuse:	Certificate No:	A 2772 6/20/8 B.8035 C8854 ASIZ NA NA NA	Name: Name: Name: Name:	MATT GUNTHER DEVED WELLER DOLLING FHOSTETIEL HOUMD 3 ADDITH RAHA THOUS KA. NA
Limited Wet Weather Discharg discharge:	ge Activate	ed: Yes: No	: Not Applicabl	c: If yes, cumulative	days of w	et weather $\mathcal{N}\mathcal{A}$

^{*}Attach additional sheets if necessary to list all certified operators.

FACILITY NAME: Mid-County WWTP MONTH/YEAR: WARL DOES

PERMIT NUMBER: FL0034789-002-DW1P

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

Parameter		Quantity	or Loading	Units	Qua	ality or Concenti	ration	Units	No. Ex.	Frequency of Analysis	Sample Typ
Flow	Sample Measurement	,748	,757	MGD						Court	FLMIR.
STORET No. 50050 1 Mon Site No. EFD-01-36118	Permit Measurement	0.900 (AADF [‡])	Report (Mo.Avg.)	mgd						Continuous	Flow Meterse Totalizers
Flow	Sample Measurement		808	Nos						M-0	,742
STORET No. 50050 Y Mon.Site No. EFD-01-36118	Permit Measurement		Report (Ann.Avg.)	mgđ						Monthly Calculation	Calculation (Rolling Annual Avg
CBOD5	Sample Measurement				234			MGL		MO	16HL GRAS
STORET No. 80082 G Mon Site No. INF-01-36119	Permit Measurement				Report (Mo.Avg.)			mg/L	e sa	Monthly	16-hour FP
TSS	Sample Measurement				33 C			Mal		W.o	16146403
STORET No. 00530 G Mon Site No. INF-01-36119	Pennit Measurement				Report (Mo.Avg.)			mg/L	1 3 1 3 2 1 4 5 2 1 5 5	Monthly	16-hour FP
	Sample Measurement										
A Commence of the Commence of	Pennit Measurement										
	Sample Measurement										
	Permit Measurement										
	Sample Measurement										
	Permit Measurement								·		
	Sample Measurement										
	Permit Measurement										
	Sample Measurement										
	Permit Measurement										

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

DAILY SAMPLE RESULTS - PART B

Permit Number:

FLA0034789-002-DW1P

Month Year MARCH 2001

Facility Name: Mid-County WWTP

Three-month Average Daily Flow: 748
Daily Flow % of Permitted Capacity: 83%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform	TRC (For	TRC (For	Nitrogen (as N)	Phosphorus (as P)	Dissolved Oxygen	CBOD5 (mg/L)	TSS (mg/L)
		·		GRAB	a ,	Bacteria (#/100ml)	Disinfect.) (mg/L)	Dechlorinat.) (mg/L)	(mg/L)	(mg/L)	(DO) (mg/L)		(- 6 - 7
Code	50050	80082	00530	00530	00400	74055	50060	50060	00600	00665	00300	80082	00530
Mon. Site	EFD-01	EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01	EFD-01	INF-01	INF-01
1	.742	C2.0	1.0	1.0	- 9.4	<u> </u>	ļ <u>.</u>		1.7			1141-01	1141-01
2	.73c		/	1.0	74-71	<u> </u>	1.0	0.01	/ . /	,48	7.0		
3	.737			-	74-7-1		3.2	0.01			7.5		
4	757				74 - 7.4		3.5	1		 	25		
5	761			 	75-73	2	4.8	0.01			8. →		
6	.749			T	75-13	<u> </u>	5.0	0.0(
7		13.0	205	CO 5	7471	<u> </u>	3.3	0.01	· · ·	000	75	2	
8	. 755			6 2	26-7.1	2	1.8	0.01	4.1	.58	7 Y	224	336
9	.725				23-71	<u> </u>	3.5	0.01			7.1		
10	716				7-7-7-1	<u> </u>	5.0	† · · · · · · · · · · · · · · · · · · ·			7.7	 	
11	.754				23-7.1		3.0	0.01			7.5		
12	784			<0.5	76-1.2	<i>C1</i>		 			79		
13	-771			0.8	76-73	<1	5.0	0.01			74		
14	.)72	C2-0	2.6		75-7.1	<u> </u>	5.8	0.01	7 //	4) 7	75 74	-	
15	.113				75-74	<1	4.7	0.01	3.4	073	2.0		
16	-786			CO.5	7.5-7.1	21	2.8	0.01	ļ	<u> </u>	7.5	· · · · ·	
17	.710				75-11		1.3	0-01			7.5		
18	.762			_	20-21	_	2.7	0-01			2 4		
19	.765				75-11	<1	4.5	001			7.2		
20	.780	62.0	06	2-6	7.6-7.4	<1	4.2	001			70		
21	.832			0.6	75-13	<1	2.2	001	2.9	1.0	7/		
22	703			<1	7.4- 71	()	1.8	0.01	J . 7	1.0	7.8		
23	703			205	25-7-1	</td <td>2.5</td> <td>001</td> <td>ļ</td> <td> </td> <td>†</td> <td> </td> <td></td>	2.5	001	ļ	 	† 	 	
24	. 896						· · · · · · · · · · · · · · · · · · ·				7.7		
25 ⁻	.755				7.4-1.1		2.4	001		 	75	-	
26	.760		 	T	75-12		3.2	0.01			8.1		
27	906	 	 	1	74-7-1		3.5	0.01			27	 	
28	.655	150	20.5	i	75-7.1		5.0	0-0 i	/		7 -	 	ļ
29	-710			 	75-7.1 75-7.2		3.5	001	1.5	16	2.7	 	-
30	.725			</td <td></td> <td></td> <td>5.0</td> <td>0.01</td> <td> </td> <td> </td> <td>7. 0</td> <td> </td> <td>-</td>			5.0	0.01	 	 	7. 0	 	-
31	.791				74-7-1	61	3.3 4.1	0.01		ļ	7.5	ļ	

PLANT STAFFING: Day Shift Operator Evening Shift Operator Night Shift Operator Lead Operator Type of Effluent Disposal or F	Class: [3 Class: Class: Class: Class: Class:	C+A C+A NA NA.	Certificate No:	A 2772 C 12018 B.8035 C8854 ASIZ NA. NA.	Name: Name: Name: Name:	MATT GUNTHER DEVED WRITER DOLAND F HOSTETIEL HOUND S ACCOUNT PAILETHOUS NA.
Limited Wet Weather Dischar discharge: Attach additional sheets if needs	ge Activated:	Yes: No	Not Applicable			et weather $\mathcal{N}\mathcal{A}$

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Mid-County Services, Inc.

200 Weathersfield Ave. Altamonte Springs, FL 32714 PERMIT NUMBER:

MONITORING PERIOD From: LIMIT:

CLASS SIZÉ: PLANT SIZE/TREATMENT TYPE

1000 DISCHARGE POINT NUMBER:

Minor В

REPORT

GROUP:

WAFR SITE NO.

Monthly

Domestic

14595

FACILITY

Mid-County WWTP

LOCATION

2299 Spanish Vista Dr. Palm Harbor, FL 34668

Pinellas

THREE MONTH ROLLING ABE: 1735 % OF PERMITTED CAPACITY 81%

DMR date 2/00

		Quantity o	Quantity or Loading		Quai	ity or Concentra	tion	Units	Ex. Analysis	
Parameter					1 7			Mal	CAL_	2.6
BODÉ	Sumple Measurement				2-8			mg/L	Calculated	Rolling Annua Avg.
ORET No. 80987 Y	Permit Measurement				(An.Avg.)	2 0	2-0	MGL	WKY	24H FPC
on Site No. EFD-01-36118 (CH2)	Sample Measurement				6.25	2.0	10.0	mg/L	Weskly	16-hour FPC
OKET No. 80982 1	Permit Measurement				(Mo.Avg.)	(Weck Avg.)	(Max.)	Mal	CAL	1.47.
on.Site No. EFD-01-36118	Sample Measurement				1.55		<u> </u>	mg/L	Calculated	Rolling Annu Avg.
TORET No. 00530 Y	Permit Measurement			ļ	(An.Avg.)	1	1.0	mai	WKM	DYH FP
on.Site No. EFD-01-36118	Sample Measurement				6.25	7.5	-10.0	mg/L	Weekly	i 6-hour FP
TORET No. 00530 1	Permit Measurement				(Mo.Avg.)	(Week.Avg.)	(Max.)	Mai	5DWF	
ton Site No. EFD-01-36118	Sample Measurement						5.0	mg/L	7 Days/Week	Grab
TORET No. 00530 B	Permit Measurement			<u> </u>			7-7	50	Court	Mtt
ton. Site No. EFB-01-36383	Sample Measurement				7-0		8.5	S.U.	Continuous	Meter
TGRET No. 00400 1 Mon.Site No. EFD-01-36118	Permit Measurement	1	1975 E. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10		(Min.)		(Max.)			

Resling Annual Average is the average of the current monthly average and the preceding H month's monthly average

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Legitify under penalty of law that I have personally examined that there are significant penalties for submitting table information.	TELEPHONE NO DATE (YY/MM/DD)
Submitted information is true, according to the submitted information is true,	
NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	127-787-1878 01-5-17
NAME TITLE OF PRINCIPAL EXECUTIVE OF THE STATE OF THE STA	1214474
Vonald & Hosteller	
CEAD PLUT OPELATER.	
CENO TELES	

		•	DISCHAR		NITORING RE		A (Continuo	-/ 	. DAA1	wafr sit	E No.: 14595
CILITY NAME: Mid-County WW	TP			PERMIT	NUMBER: FL003478		DISCHARGE POI		No.	Frequency of	Sample Ty
nth Year: APRIL 20	901	Otity	or Loading	Units	Qual	ity or Concentra	ition	Units	Ex.	Analysis	
Parameter		Quantity	OI LOAding		- A/ T		1.0	TOOKIL	- D.A.	7 DWK	G-B
ecal Coliform Bacteria	Sample Measurement				NO 75% Non Detectable		25	#/100mL		5 Days/Wook	Grab
TORET No. 31615 1	Permit Measurement				(75 Percentile)		(Max.)	MEL		1610	6-B.
on Site No. EFD-01-36118 RC for disinfection	Sample Measurement				1.0			mg/L		Continuous	Meter
TORET No. 50060 A ion Site No. EPA-01-36356	Permit Measurement			 	(Min.)		0.01	MEL		HRLY.	6-13
RC for dechlorination	Sample Measurement			 	1		0.01	mg/L		Hourly	Gra
ORET No. 50060 1 on. Site No. EFD-01-36118	Pennit Measurement			 	3.0		(Max.)	Mai		CAL.	2-8
itrogen	Sample Measurement			 	3.0			mg/L as		Calculated	Rolling Avg
TORET No. 00600 Y Ion Site No. EFD-01-36118	Permit Measurement				(Am.Avg.)	39	3.9	NGZ		WKM	27 HE
itrogen	Sample Measurement			 	3.75	4.5	6.0 (Max.)	mg/L as		Weekly	16-hou
TORET No. 00600 1 fon Site No. EFD-01-36118	Permit Measurement				(Mo.Avr.)	(Wock.Avg.)	(1/102.7	Mar		CAL	24 N
hosphorus	Sample Measurement		 		1.0			mg/L a	3	Calculated	16-hou
TORET No. 00665 y fan Site No. EFD-01-36118	Permit Measurement				(An.Avg.)	1.0	1-0	MEI		WKIY	ay N 16-hou
hosphorus	Sample Measurement				1.25	1.5 (Week.Avg.)	2.0	mg/L a		Wookly	10-1100
TORET No. 70507 1 Mon Site No. EFD-01-36118	Permit Measurement			-	(Mo.Avg.)	(WEEK.AVK.)		mal		Duy	6.6
Oxygen, Dissolved (DO)	Sample Measurement	 			5.0			mg/L		Daily	<u> </u>
STORET No. 00300 1	Permit	1			(Min.)		_1				

STORET No. 00300 1 Mon Site No. EFD-01-36118

Permit Measurement PERMIT NUMBER: FL0034789-002-DWIP DISCHARGE POINT NUMBER: **D001**

WAFR SITE No.: 14595

CILITY NAME: Mid-County WW.	2001	O-va-tity/	or Loading	Units	Qual	ity or Conce	ntration	Units	No. Ex.	Frequency of Analysis	Sample Type
Parameter	1	Quantity	of Loading				T			Court	MTR.
flow	Sample Mea surement	,735	.701	MED				1		Continuous	Flow Meters Totalizers
TORET No. 50050 1	Permit Measurement	0.900 (AADF ²)	Report (Mo.Avg.)	mgd				+		M·C	.739
fon Site No. EFD-01-36118 low	Sample Measurement		800	MAD						Monthly Calculation	Calculation (Rolling Annual Av
TORET No. 50050 Y	Permit Measurement		Report (Ann.Avg.)	mgđ					-	4.4.6	T .
Mon.Site No. EFD-01-36118	Sample				315			Mal	-	Monthly	16-hour F
BOD5 STORET No. 80082 G	Measurement Permit			1	Report (Mo.Avg.)				-	1,00	16.61
Mon. Site: No. INF-01-36119	Measurement Sample				450			Mg/L	-	Monthly	16-hour
STORET No 00530 G	Neasurement Permit				Report (Mo.Avg.)			_	+	-	
Mon Site No. INF-01-36119	Mea surement Sample Mea surement							-	+-		
	Pennit Measurement								+	-	
	Sample Measurement					-		_	1		
	Permit Measurement					 		_	1		
	Sample Measurement					 		-			
	Permit Measurement					+					
	Sample Measurement			-	+	+					
	Permit Mea surement		-			+					
	Sample Measurement		-			+					
	Pennit Measurement		ad the preceding		monthly average						

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

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Permit Number: FLA0034789-002-DW1P
MonthVear 17 PREC 3001

Facility Name: Mid-County WWTP

DAILY SAMPLE RESULTS - PART B

Three-month Average Daily Flow: 73 5 Daily Flow % of Permitted Capacity: \$1 %

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CBOD5 TSS Phosphorus Dissolved TRC Nitrogen TRC Flow CBODS Fecal (mg/L) (mg/L)Oxygen (as N) (as P) Coliform (For (For (mg/l.) (s.u.) (MGD) (mg/L)(mg/L)(mg/L)(DO) (mg/L) Disinfect.) Dechlorinat.) Bacteria (mg/L)(#/100ml) (mg/L)(mg/L)GRAS H- L 00300 80082 00530 00665 50060 50060 00600 74055 80082 00530 Code 50050 00530 00400 INF-01 INF-01 EFD-01 EFD-01 EFD-01 EFD-01 EFD-01 Mon Site EFD-01 EFD-01 EFB-01 EFD-01 EFD-01 EFA-01 ī 8.7 3.0 0.01 73-7 197 7.0 2 <1 4.5 2-0 0-01 16 Y 1.6-7-4 ٦ 7. 上 < / 749 7.5.7.3 4.3 0-01 1.2 450 7.1 315 <1 6.5 5.0 1.0 1.1 7.5-7.4 0.01 788 (1.0 5 < / 4.9 782 7.5-7.4 001 0.6 6 27 < 1 4.8 0.01 819 0.6 24-2-2 4.7 7.7 0.01 48 74.71 7-9 ä 4.1 0-01 743 7.4-21 6 0.01 1 7-0 1.8 3.8 728 7.3.7.1 10 1.0 5.0 7.0 725 20.5 7.4-72 0.01 11 31 2. 1 21 5.0 1.9 709 ه. د 0-0 1 7-5-7-2 60.5 12 7.5 0.01 <1 709 2.7 10.5 251 7-5 13 < 1 5.0 0.01 60.5 716 77-7-1

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Control of the contro				Q 1712		MAXX G	cint that.	
PLANT STAFFING:				C12018		THE SECTION	went	
Day Shift Operator	Class:	BHCH	Certificate No:	0.8035	Name:	Drwand Et	105 TET (C	
Evening Shift Operator	Class:	त्ममः	Certificate No:	(8854 - HSI	Name:	HOWALD & HURSH	UI - Ruepal	2204m>
Night Shift Operator	Class:	NA.	Centificate No:	NA.	Name:	NA.		A LAND TO LAND TO A LAND TO LAND TO A LAND TO
Lead Operator	Class:	13	Certificate No:	B.8035	Name:	B 8035.		
Type of Effluent Disposal o	r Reclaimed V	/atar Reuse:	CURICU	CREEK.				
Limited Wet Weather Disch	arge Activate	di Your il	Not Applicable	e: If yes, cumula	ative days of w	vet weather	NA.	
discharge:			-					

[&]quot;Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

DMR date: 2/00 S-57.01 Monthly Domestic 14505 WAFR SITE NO. CAPACITY To: REPORT: GROUP: % OF PERMITTED FL0034789-U02-DWIP D001 Minor Final THREE MONTH ROLLING ADF: CLASS SIZE: PLANT SIZETREATMENT TYPE: DISCHARGE POINT NUMBER: Ггот: PERMIT NUMBER: MONITORING PERIOD TIMI Altamonte Springs, FL 32714 Mid-County Services, Inc. 200 Weathersfield Ave. Pajm Harbor, FL 34668 Pinellas 2299 Spanish Vista Dr. Mid-County WWTP PERMITTEE NAME: MAILING ADDRESS: LOCATION **FACILITY**

Rolling Annual Rolling Annual 16-hour FPC ğ ON KLFPC 1.37 Ś Avg. Avg. Sample Frequency of Analysis Calculated Calculated される Weekly 798 Š. X ソタグ MEL Units Mar mg/L mg/L 1/8/1 60 10.0 (Max.) Quality or Concentration (Week.Avg.) 9,0 (An.Avg.) (Mo.Avg.) e in 0 6.25 S. 5 Units Quantity or Loading Measurement Sample Sample Measurement Measurement Measurement Measurentent Permit Sample Permit Permit STORET No. 80082 1 Mon. Site No. EFD-01-36118 STORET No. 00530 Y Mon. Site No. EFD-01-36118 STORET No. 80082 Y Mon.Site No. EFD-01-36118 Parameter SGORU CBODS

24K-FPC 16-hour FPC

Weekly **S** ア シ

mg/L

10.01 (Max.)

(Week.Avg.)

(Mo.Avg.)

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Measurement Permit

Measurement

STORET No. 00530 1. Mon. Site No. EFD-01-36118

Measurement

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Mon.Site No. EFD-01-36118

STORET No. 00400

Permit

Sample Measurement

Measurement

STORET No. 00530 B Mon. Sile No. EFB-01-36383

Permit

Measurement

Sample

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information including the possibility of fine and imprisonment. EICHE OR ALITHORIZED AGENT TELEPHONE NO DATE (YY/MM/DD)

	81-9-10/8-10/12		
DAGENT SIGNATURE OF PRINCIPAL EXECUTIVE UPFILER OF ACTION	11-4-1	Varlater	1 1 2
FICER OR AUTHORIZED AGENT SIGNATURE OF PRINCIPAL		Nonald C	
L NAMECTITIE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGEN		Act age of the	ではいる (まつ)

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all altachments here):

COUNTY

FACILITY NAME: Mid-County WWTP			PERMIT !	PERMIT NUMBER: FL0034789-002-DW1P		DISCHARGE POINT NUMBER: D001	NT NUMBER	: D001	WAFR SIT	WAFR SITE No.: 14595
MorthVear: 1944 2001		Quantity or Loading	Units	Quali	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample	,		12		17	Joon!		SOUR	8.8
STORET No. 31615 1	Measurement			Non Detectable	12.5	25 (Max.)	#/100mL		5 Days/Week	Grab
Mon. Site No. EFD-01-36118 TRC for disinfection	Sample			7.0			ME		16 KL G2AB	16 bt (out)
STORET No. 50060 A	Measurement Permit			1.0			mg/L		Continuous	Meter
Mon Site No. EFA-01-36356 TRC for dechlorination	Sample					10.0	M6-C		F1824	GB.
STORET No. 50060 1	Measurement Permit					0.01 (Max.)	mg/L		Hourly	Grab
Mon Site No. EFD-01-36118 Nitrogen	Sample			3.0			416-6		CAN	3.8
STORET No. 00600 Y	Measurement Permit			3.0			mg/L as N		Calculated	Rolling Armus Avg.
Mon Site No. EFD-01-30118	Sample			3.1	3.5	3.5	MEL		のから	ZYHEF
STORET No. 00600 1	Neg surement Permit	•		3.75 (Mo.Avr.)	4.5 (Week, Avg.)	6.0 (Mex.)	27/8/2 N		Wookly	16-hour FPC
Phosphorus	Sample			\d			MEL		7040	24 MAFPC
STORET No. 00665 y	Permit Meg serement			1.0 (An.Avg.)			mg/L as		Calculation	O I IRON
Phosphorus	Sample			.38	.87	(8)	A16.C		17477 17477	34 HL FDC
STORET No. 70507 1	Permit			1.25 (Mo.Avr.)	1.5 (Week. Avg.)	2.0 (Max.)	mg/L as P		WOOKLY	
Oxygen, Dissolved (DO)	Sample			6.9	-		MEC		7652	6.CS.
STORET No. 00300 1	Permit Measurement			5.0 (Min.)			7.86		Cally	

02:30p

Jul

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FL0034789-002-DW1P

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595 ...

CILITY NAME: Mid-County WW ONTH/YEAR: Mry 269 Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Ty
Now	Sample	, 693	(22	NED						Cont	Plan Mi
	Measurement	0.900	Report	mgd					1 1	Continuous	Flow Meters Totalizer
TORET No. 50050 1 Mon.Site No. EFD-01-36118	Permit Measurement	(AADF ²)	(Mo.Avg.)							4.1 -	1
Flow	Sample		.791	MED						M.0	73Y
TORET No. 50050 Y Mon.Site No. EFD-01-36118	Measurement Permit Measurement		Report (Ann.Avg.)	mgđ						Monthly Calculation	(Rolling
CBOD5	Sample			-	260			MGL		M.O	16-hour F
CBOD3	Measurement				Report		with a training	mg/L	1	Monthly	16-hour I
STORET No. 80082 G	Permit Measurement			· L	(Mo.Avg.)			ļ	┼	<u> </u>	1
Mon Site No. INF-01-36119	Sample				360			MEL		Mo	16 HR C
	Measurement				Report			mg/L	4 27	Monthly	16-hour
STORET No. 00530 G Mon. Site No. INF-01-36119	Permit Measurement		·		(Mo.Avg.)				+		
	Sample Measurement			1		ļ		 	+-		
	Pennit Measurement										
<u></u>	Sample Measurement							-	-		
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Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA0034789-002-DWIP Month/Year M AY 2001.

Facility Name: Mid-County WWTP

Three-month Average Daily Flow: $69\frac{3}{5}$. Daily Flow % of Permitted Capacity: 69%

	Flow (MGD)	CBODS (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	TRC (For Dechlorinat.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00530	00400	74055	50060	50060	00600	00665	00300	80082	00530
Mon. Site	EFD-01	EFD-01	EF8-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01	EFD-01	INF-01	INF-01
l	.660		3.4		74.69	<i>L1</i>	4.8	0-01		 	7.1		
2	·624	42.0	0.6	10.5	23-68	<1	5.0	0.01	3.5	.02	7-2		
3	.646		0.6		74.69	<1	2.4	0.01			2.1	260	360
4	637		(0.5		7.4. Z.c	<1	3.4	0.01			7.5		
5	604		- 5€		75-71		5.0	0.01			7.8		
6	.631				72- 7.6		5.0	0-01			7.9		
7	.645		CO.5		74-67	< 1	2.8	0.01			7.1		
8	.606		CO.5		74 6.7	(1	4.1	0.01			7.0		
9	643		CO.5		74-67	<1	2.3	0.01			7-1		
10	.672_	C2.0	105	20.5	74.61	<u> </u>	1.7	0.01	2.3	.37	7.1		
11	.665		0.8		74 12	<1	2.7	0.01			7.5		
12	.563	ļ	-		13- 68	¥	5.0	0.01			7.7		
13	.628		_		76- 72	-	5.0	0.01			8.1		
14	631		20.5		73-68	<1	4.4	0.01			7.1		
15	602		20.5		7.3- 69	</td <td>2.3</td> <td>0.01</td> <td></td> <td></td> <td>7.2</td> <td></td> <td></td>	2.3	0.01			7.2		
17	.659	62.0	0.8	1.4	7.4- 7.0	61	1-1	0.01	1.3	102	7-0		
18	.589	ļ	1.5		7.5-69	<i>C1</i>	4.6	0-01			7-1	<u> </u>	
19	-642	·	1.0		74-63	<1	1.5	0.01			7.4		1
20	608	 	-	<u> </u>	7-4-68		5-0	0.01			7.5		<u> </u>
21	606	ļ	<u> </u>		7.1-69		3.8	0.01			7-6		
21	606	 	1.0		7.2-6.7	21	2.6	0.01			7.2	<u> </u>	
	678		1.6		74-7.2	61	2.8	001			7.1		
23	626	<9.0	10.5	KO.5	7.7- 73	</td <td>2.6</td> <td>0.01</td> <td>2.7</td> <td>.6 ك</td> <td>7.2</td> <td></td> <td></td>	2.6	0.01	2.7	.6 ك	7.2		
. 24	.611	<u> </u>	10.5		7.6-7.5	</td <td>1.7</td> <td>0-01</td> <td></td> <td></td> <td>7.1</td> <td></td> <td></td>	1.7	0-01			7.1		
25	267		0-8		22-68	</td <td>1.2</td> <td>0.01</td> <td></td> <td></td> <td>7.0</td> <td></td> <td></td>	1.2	0.01			7.0		
26	.563				7.5.7.3		4.8	0.01			6.9		
27	.616				7.3.69		4.2	0.01			7.1		
29	.640	ļ	1.0		2.7 7.5	<u> </u>	5-0	0.01			6.9		
30	.621	ļ	1.6	<u> </u>	77-75	<1	1.6	0-01			7.2		
	623		6.5		7.5-1.2	</td <td>1.0</td> <td>0-01</td> <td></td> <td></td> <td>7-1</td> <td></td> <td></td>	1.0	0-01			7-1		
31	.613	42.0	0.6	10-5	75-1.1	<1	3.9	0.01	.92	. 87	7-1		1

PLANT STAFFING: Day Shift Operator Evening Shift Operator Night Shift Operator Lead Operator Type of Effluent Disposal or R	Class: Class: Class: Class: class:	MACHA CHA. MA B Water Reuse:	Certificate No: Certificate No: Certificate No: Certificate No:	A 277 2 C/2018 B 1935 C1854 - A 50 X A B 8035 CRUUN (Name: Name: Name: Name:	DALAD C DOMAND E HOLLED J XIA DOWNED	Mastera Mandr -	RAVANA MO	
Limited Wet Weather Discharge discharge:	c Activat	ed: Yes: No	: Not Applicable	e: If yes, cumulative			NH.		

Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Mid-County Services, Inc.

MAILING ADDRESS:

200 Weathersfield Ave.

Altamonte Springs, FL 32714

PERMIT NUMBER:

MONITORING PERIOD From:

1: <u>6-1-0</u>1

To: REPORT: <u>(-30</u>-01

LIMIT:

CLASS SIZE:

Minor B GROUP:

Monthly Domestic

PLA

PLANT SIZE/TREATMENT TYPE: DISCHARGE POINT NUMBER:

D001

FL0034789-(N)2-DW1P

WAFR SITE NO.:

14595

FACILITY:

Mid-County WWTP

LOCATION:

2299 Spanish Vista Dr. Palm Harbor, FL 34668

Pinellas

THREE MONTH ROLLING ADF:

% OF PERMITTED CAPACITY

DMR date: 2/00

Parameter		Quantity of	or Loading	Units	Qua	ity or Concentra	ition	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample				2.46			MGL		CAUL	a. ¿- 3
	Measurement				5.0			mg/L		Calculated	Rolling Annua
STORET No. 80082 Y Mon.Site No. EFD-01-36118	Permit Measurement				(An.Avg.)						Avg.
BOD5	Sample Measurement				2.0	2.0	3.0	Mai		Weekly	16-hour FPC
STORET No. 80082 1	Permit				6.25 (Mo.Avg.)	7.5 (Week Avg.)	10.0 (Max.)	mg/L		,,,,	
Mon.Site No. EFD-01-36118	Measurement Sample				1.46		,	MGL		CAUL.	1.25
	Measurement			ļ	5.0			mg/L		Calculated	Rolling Annu
STORET No. 00530 Y Mon.Site No. EFD-01-36118	Permit Measurement	•	ar territoria	De la Serv	(An.Avg.)				<u> </u>		Avg.
ISS	Sample				1/.0	1.2.	1.7	MG L		WK LY Weekly	16-hour FP
STORET No. 00530 1.	Measurement Permit			13.74	6.25 (Mo'Avg.)	7.5 (Week Avg.)	(Max.)	mg/L		Weekly	
Mon.Site No. EFD-01-36118	Measurement Sample						1.4	1166		SDWK	63.
STORET No. 00530 B	Measurement Permit						5.0 (Max.)	mg/L		7 Days/Week	Grab
Mon.Site No. EFB-01-36383	Measurement					 		(1)			1
pH	Sample Measurement				6.9		_	S.U.		Continuous	MTR. Meter
STORET No. 00400 I . Mon.Site No. EFD-01-36118	Permit Measurement	新建备 *	2.00mm	11	6.0 (Min.)	THE VERY	8.5 (Max.)				Walk of a 1

^{&#}x27;Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OF	OR AUTHORIZED AGENT SIGNATURE	OF PRINCIPA	L EXECUTIVE OFFICER OR	AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM	700)
NAME THE GITAL COLUMN C	(a)	10 6	losteller_		727-787-7918	01-06-	24
IFAD PLATE OFFICENCE	War	10 /	receive				,

PERMIT NUMBER: FL0034789-002-DWIP DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

Parameter		Quantity of	or Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement	Ì			11		41	TOOML		S DWK 5 Days/Week	GB Greb
STORET No. 31615 1 Mon.Site No. EFD-01-36118	Permit Measurement				Non Detectable (75 Percentile)		25 (Max.)			5 Days week	. Gran
TRC for disinfection	Sample Measurement				1.5			MEL		16 KL GRASS	16 14 662 4 Meter
STORET No. 50060 A Mon.Site No. EFA-01-36356	Permit Measurement				1.0 (Min.)			mg/L		Continuous	<u> </u>
TRC for dechlorination	Sample Measurement						0.01	MGL		HRLY	Grab
STORET No. 50060 1 Mon.Site No. EFD-01-36118	Permit Measurement						0.01 (Max.)	mg/L		Hourty	Grav
Vitrogen	Sample Measurement				2.9			MCI		Calculated:	2.86
STORET No. 00600 Y Mon. Site No. EFD-01-36118	Permit Measurement				3.0 (An.Avg.)			mg/L as	ļ	Calculated	Rolling Annu Avg. 1
Nitrogen	Sample Measurement				1.26	2.4	2-4	NOL		WKLY	24 H FP
STORET No. 00600 1 Mon. Site No. EFD-01-36118	Permit Measurement				3.75 (Mo.Avg.)	4.5 (Week Avg.)	6.0 (Max.)	mg/L as N	<u> </u>	Wookly	16-nour rec
Phosphorus	Sample Measurement				.46			Mar		CAU	24 K FAC 16-hour FPC
STORET No. 00665 y Mon. Site No. EFD-01-36118	Permit Mes surement				i.0 (An.Avg.)			mg/L as		Calculated	16-nour FR
Phosphorus	Sample Measurement				.88	/. ک	1.7	MGL		WKUY	26 AVERC
STORET No. 70507 1 Mon Site No. EFD-01-36118	Permit Measurement				1.25 (Mo.Avg.)	1.5 (Week.Avg.)	2.0 (Max.)	mg/L as	ļ	Wockly	10-Bour FR
Oxygen, Dissolved (DO)	Sample Measurement				6.8			1162		Daily	Grab
STORET No. 00300 1	Permit Measurement				5.0 (Min.)			mg/L	<u></u>	Jan,	

01 25

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

ACILITY NAME: Mid-County WW ONTH/YEAR: 2006 200		Quantity	or Loading	Units	Qua	Units	No. Ex.	Frequency of Analysis	Sample Type		
Flow	Sample	1672	.695	mas.			·			Cant	Flow Motors
STORET No. 50050 1	Measurement Permit Measurement	0.900 (AADF ²)	Report (Mo.Avg.)	mgd						Continuous	Totalizers
Mon.Site No. EFD-01-36118 Flow	Sample Measurement	(raioi)		Neo				ļ		Monthly	.77 Y Calculation
STORET No. 50050 Y Mon.Site No. EFD-01-36118	Permit Mea surement		Report (Ann.Avg.)	mgđ		, T. 4				Calculation	(Rolling Annual Avg. ¹¹
CBOD5	Sample				270			MGZ		W-0	16-hour FPC
STORET No. 80082 G	Measurement Permit Measurement				Report (Mo.Avg.)			mg/L	-	Monthly	<u> </u>
Mon Site No. INF-01-36119 TSS	Sample Measurement				580			MGL	-	Monthly	16-hour FPC
STORET No. 00530 G Mon Site No. INF-01-36119	Permit Measurement	1.0			Report (Mo.Avg.)			ingL		, , , , , , , , , , , , , , , , , , , ,	
MOLDIO NY AND STORY	Sample Mea surement							 	 		
	Permit Measurement								+		
	Sample Measurement		<u> </u>						+-		
	Permit Measurement			_			-	-	+		
	Sample Measurement			ļ				+	+		
	Permit Measurement Sample		ļ						1		
	Measurement Permit	-	-	-				†	1		
	Mea surement Sample					 					
	Measurement Permit		 	+	 						
	Measurement	orbly average an	1	l month's me	nthis average						

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA0034789-002-DWIP Month/Year Son & 2001

Facility Name: Mid-County WWTP

Three-month Average Daily Flow: 672
Daily Flow % of Permitted Capacity: 74%

	Flow (MGD)	CBODS (mg/l.)	TSS (mg/L)	TSS (mg/L) GRAB	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	TRC (For Dechlorinat.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBODS (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00530	00400	74055	50060	50060	00600	00665	00300	80082	00530
Mon Site	EFD-01	EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01	EFD-01	INF-01	INF-0
l	6)8			20.5	7.1-7.5	41	3.2	0.01	_		7.1		
2	.684			_	75-77	•	5-0	0-01	_	-	6.8		
3	626				7/- 7.3		2.5	0.01			フ・フ		
4	642			60.5	69-24	<1	5.0	0.01			6.8		
5	.670	<u> </u>		60.5	69-7.4	</td <td>1.5</td> <td>0.01</td> <td></td> <td></td> <td>6.8</td> <td></td> <td></td>	1.5	0.01			6.8		
6	130	22.0	12	0.8	70-7-4	۷1	5.0	0.01	2.4	.87	6.8	270	280
7	.130		ļ	60.5	7.4-7.6	<1	5.0	0.01			68		
8	749	<u> </u>		1.7	69-7.0	<u>e1</u>	4.2	0.01			7.0		
9	761			_	727.5		500	0.01			7.0		
10	.640				7.5-78		3.2	0.01			7.1		
11	684			0.8	7.0-8.0	<u> </u>	5-0	0.01			6.9		
12	1.684			1.2	7.3-7.7	1	5.0	0.01			7-0		
13	.641	(2.0	10.5	20.5	7.3-7.7	21	2.5	6-01	. 51	.99	B. 8		
14	.646			60.5	72-7-7	21	5.0	0.01			6-8		
15	.612			1.0	7.24.7	<1	5.0	0.01			6-8		
16	689				20-7.5		5.0	0.01			6.8		
17	624				7.07.4	-	5.0	0.01			7.7		
18	659			1.4	<i>69-</i> 7-3	<i>ċ</i> {	3.4	0.01			6.9		
19	618		<u> </u>	(0.5	69-23	<1	5.0	0.01			6.9		
20	643	<0.0	0.6	ca s	59-7-Y	~1	5.0	0.01	1.3	.53	7.0		
21	.683			0.6	7.4-7.8	<1	5.0	0.01			7.2		
22	741		<u> </u>	20.5	23-7.5	< /	4.8	0.01			7.2		
23	.767			-	7.2-7.5		5.0	0.01			6.8		
24	717				7.0-7-2	-	5-0	0.0 (7.4		
25	476			0.8	74-7-4	<1	5.0	0.01			71/		
26	130			1.2	70-1.4	< 1	5-0	0.01			7.1		
27	721	(2.0	20.5	10.5	70-7.4	41	\$.0	0.01	. 86	1.2	6.9		
28	.903			<0.5	7.0-7.4	 	5.0	0.01	1	 ' 	7.2		
29	.893	1		0.8	21-7.3	1	3.3	0.01	 		6.8	 	1
30	105		1	-	70 7 4		3.2	0.01	 	-	7.0		+
31				 	1		-	-		 			

	PLANT STAFFING:				C120184	,	DAYROC	MA CCAF-	
Evening Shift Operator Class: C47 Certificate No: C885 7 AS(2) Name: Abands Margh Totals Name: Abands Margh Totals Name: Abands Margh Totals Name: Disposal or Reclaimed Water Reuse: WA Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes cumulative days of wet weather VAA.	Day Shift Operator	Class:	B+C	Certificate No:	R. 8025	Name:	Daniel	Lacretad	
Lead Operator Class: Certificate No: Certificate No: Certificate No: Name: Evening Shift Operator	Class:	21 B	*	18854 400					
Type of Effluent Disposal or Reclaimed Water Reuse: Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes cumulative days of wet weather Vol	Night Shift Operator	Class;	NA	Certificate No:				AV-9-11 SY	_
Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes cumulative days of wet weather			<i>B</i> .	Certificate No:	13 8035	Name:	Down C	HOSTETIUL.	_
Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge:	Type of Effluent Disposal or R	eclaimed '	Water Reuse:		V/ 41.		La inva - 93		-
discharge:	Limited Wet Weather Discharg	c Activate	d: Yes: No	: Not Applicable	le: If ves. cumulative	days of	wet weather	Vol	_
*Affinish additional about 10 common and a second common and a sec	discharge:			••	,,	,		<u> </u>	

Attach additional sheets if necessary to list all certified operators.

Sample Type

777-187-1978

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

DMR date: 2'00 2-3/-01 Monthly Domestic 14595 WAFR SITE NO.: CAPACITY When Completed mail this report to: Department of Environmental Protection, Wastewaler Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassec, FL 32,399-2400 REPORT: GROUP: % OF PERMITTED FL0034789-X12.DW!P **D**001 Minor THREE MONTH ROLLING ADF: PLANT SIZE/TREATMENT TYPE: DISCHARGE POINT NUMBER: MONITORING PERIOD From: PERMIT NUMBER: CLASS SIZE: LIMIT: Altamonte Springs, FL 32714 Mid-County Services, Inc. 200 Weathersfield Ave. 2299 Spanish Vista Dr. Palm Harbor, FL 34668 Mid-County WWTP PERMITTEE NAME: MAILING ADDRESS: LOCATIONS FACILITY

Pinellas

COUNTY

24 METPC Solling Annual Rolling Annual 16-hour FPC ay 4 PP C 16-hour FPC 1.2S Continuous Crap \mathcal{C} ۶ ک Avg. STOWE SKY 7 Days/Week Frequency of Analysis CABL Calculated Weekly 3×3 Calculated Weekly 12 A 8 X mg/L > **公区** mg/L S.C. M FL **る** ₹ \$ mg/L Units mg/L ME mg/J . ¥ 8.5 (Max.) (g ってく (Mex.) (Max.) 10.0 (Max.) 10.0 5.0 Ö Quality or Concentration (Week. Avg.) (Week. Avg.) 50 の、なく (inv) (inv) (Mo.Avg.) (kn.Avg.) (Mo.Avg.) (An.Avg.) 3.40 6.25 O 0 Μ بي Units \mathcal{A}_{i} • • • 1,1 1 語がいる。 N. Quantity or Loading 東京学 Measurement Sample Measurement Measurement Measurenent Permit Measurement Measurement Permit Measurement Measurement Measurement Measurement Measurement Measurement Sample Sample Permit Permit Sample Permit Sample Permit STORET No. 00530 Y
Men.Site No. EFD-01-36118
TSS STORET No. 80082 1 Mon.Site No. EFD-01-36118 STORET No. 00400 1 Mon.Site No. EFD-01-36118 STORET No. 00530 B Mon. Site No. EFB-01-36383 STCRET No. 00530 1. Mon. Site No. EFD-01-36118 STORET No. 80082 Y Mon. Site No. EFD-01-36118 Parameter CBODS CBODS

I certify under penalty of law that I have personalty examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information including the possibility of fine and imprisonment. 8 8 0-10 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

bualel 6

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): ORCATOR ESTA PLUT

DISCHARGE MONITORING REPORT - PART A (Continued)

WAFR SITE No.: 14595

WAFR SITE No.: 14595	Sample Type	0	200	_	Z	Meter	6.8	Grab		-†	Rolling Agent		2000 E		24 HRFPC		- 0	y 16-hour FPC	X /	+	_		
	L.	-	Strak	5 Days/wook	16 th 6800S	Continuous	7 (0:	Mano		(And	Calculated	3	WALY	WOOKIN	SE C	Calculated	ルドレイ	Wookly		77.00	C. C		
NT NUMBER: DO	Units No.	_	Jooma /	#/100mF	11/2	J.BB/L	1.	MGL	A Bus	MFL	mg/L as	Z	MEL	TOP/L ES	406-1	mg/L as	2 ()	MOL 85	a	110 6-L.	rng/L		
DISCHARGE POINT NUMBER: D001	100	ation	1.0	25	(Max.)			0.0(0.01	The state of the s			ケン	0.9	7.77	1	. - 1	90					
-007-DWIP	- 1	Quality or Concentration											93	4.5	(Week Avg.)			290	(Week. Avg.)		+		
ISCHARGE MONITORING RES	PERMIT NUMBER: FLXU34787-021	Qual	1	Now Detectable	(75 Percentile)	60.	(Min.)				3.94	(Am Ave.)	60	3.75	(Mo.Avg.)	43	(An Avg.)	.031	123		5.0	(Min.)	
IGE MON	PERMIT N	Units		1															-	+	-		
DISCHAI		Loading																					
		Onantity or Loading																					
				Sample Measurement	Permit Mex surement	Sample	Permit	Measurement	Mea surement	Permit Measurement	Sample	Permit	Measuroment	Sample Measurement	Permit Mensylement	Sample	Permit	Sample	Measurement	Measurement	Sample Measurement	Permit Measurement	Table Boltz
	A CHITY NAME: Mid-County WWTP	Month Car. Jour Dool	Parameter	Fecal Coliform Bacteria	STORET No. 31615 1	Mon Site No. EFD-411-30110 TRC for disinfection	A CANA STATE A	1-36	TRC for dechlorination	STORET No. 50060 1	Mon Sife No. Er D-01-301130		STORET No. 00600 Y	Vigogen Vigogen	STORET No. 00600	Mon Site No. EFD-01-30118 Phosphorus	CTORET No. 00665 y	Mon Site No. EFD-01-36118	Phosphorus	STORET No. 70507 1	Origini, Dissolved (DO)	STORET No. 00300	Man Site No. EFD-01-36118

FACILITY NAME: Mid-County WWTP MONTH/YEAR _ JUY 300 | .

PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: **D001**

WAFR SITE No.: 14595

CILITY NAME: Mid-County WWTP	21.	0 454	an Loading	Units	Qual	ity or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
Parameter	1	Quantity	or Loading	0						CONT	Franki
low	Sample	.690	1755	MGD						Continuous	Flow Meters Totalizers
TORET No. 50050 1	Measurement Permit	0.900 (AADF ²)	Report (Mo.Avg.)	mgd						30 0 0 0 1	-749
ton.Site No. EFD-01-36118	Measurement Sample	(AADF)		MED					 	M. O CAUL Monthly	Calculatio
low	Measurement		.797 Report	mgd	·					Calculation	(Rolling Annual Av
TORET No. 50050 Y Son. Site No. EFD-01-36118	Permit Measurement		(Ann.Avg.)					-	-	11.4 00	
BODS	Sample				340			Mal	+	Monthly	16 De.
STORET No. 80082 G	Measurement Permit	1			Report (Mo.Avg.)				-		16 M.
Mon Site No. INF-01-36119	Measurement Sample	 	 		390			M62 mg/L	-	Monthly	16-hour
	Measurement Permit	 			Report (Mo.Avg.)						-
STORET No. 00530 G Mon Site No. INF-01-36119	Mea surement Sample		 		11/10/11/11/1						
	Measurement				 						
	Permit Measurement					 			<u> </u>		
	Sample Measurement										
	Permit Measurement			_							
	Sample Measurement				<u> </u>	+	-				
	Permit Measurement					 					
	Sample Measurement							+			
	Permit Measurement								_		
	Sample Measurement							 	-		
Rolling Annual Average is the ave	Permit										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA0034789-002-DW1P Month Year July 2001.

Facility Name: Mid-County WWTP

Three-month Average Daily Flow:
Daily Flow % of Permitted Capacity: 76 %.

	Flow (MGD)	CBOD5 (mg/l.)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	TRC (For Dechlorinat.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00530	00400	74055	50060	50060	00600	00665	00300	80082	00530
Mon. Site	EFD-01	EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	EFA-OL	EFD-01	EFD-01	EFD-01	EFD-01	INF-01	INF-01
	805				22-7.0		5.0	0.0 \	-		7.7		
2	747			20.5	76-64	</td <td>5.0</td> <td>0.01</td> <td></td> <td></td> <td>7.2</td> <td></td> <td></td>	5.0	0.01			7.2		
3	828				2.3 -).0		1.7	0.01			7.0		
4	.645			CO-5	7.5- 74	<i>C1</i>	5.0	0-01			6.8		
5	.793	79.0	1.6	<0.5	25-7-0	<i>≤1</i>	5.0	001	12	.067	7.2.	240	390
6	683			60.5	7.3-7.1	61	5.0	0.01			7.0		
7	848				75- 7-1		5.0	0.01			6.8		•
8	1702			_	74-70		5-0	0.01			6.8		
9	755			1.4	7.1-6.6		3.15	0.01			6.9		
10	.725.			20.5	70-63	41	5.0	0.01			6.9	· ·	
11	784	ه ه	ब∙६	1.6	3.0 68	21	5.0	0-01	.29	.02	6.9)	
12	350			1.2	80.60	<1	5.0	0.01			6.9		<u> </u>
13	.778	-		0.6	22-63	</td <td>5-0</td> <td>0.01</td> <td></td> <td></td> <td>6.7</td> <td></td> <td></td>	5-0	0.01			6.7		
14	1.716			T	72-68	-	5-0	001			7.8		
15	696			_	68-6e	-	1.08	0.01			7.0		T
16	723			1.0	CR- 6-1	T	5.0	0.01			6.7		
17	493			14	70.6	T	2.2	0.01			7.0		
18	-737			3.0	64-6		5-0	0.01	1		7-0		
19		(A.O	0-8	1.4	69-6		5.0	0-01	.83	.02	7-6	1	
20	1698			1.2	25-13	7	5-0	0.01			6.8		
21	789			-	2.2~ 70		3.8	0.01			6-8		
22	880			1-	ې در		5.0	001			7-6		
23	.868	?	_	0.6	20 . 61		5-0	0.01	<u> </u>		7-0		
24	341			60.5	7.5- 7.	1	5.0	0-01			7-0		
25	.798	Ca.0	2-0		75-7		5-0	0.01	1.4	.02	7.1		
26	789			1.2	21 6	· · · · · · · · · · · · · · · · · · ·	5.0	0.01	1	1	6-8		
27	-187			0.6		<u> </u>	5.0	0.0(_	6.8		
28	. 66			1 =	7.2 - 7.	-	5-0	0.01	+	 	6.8		1
29	73		_	+=	72-60		50	0-01	_	+	7.7		_
30	77		_	0.6			5-0	0-01			7.2	+	
31	1.73		-	2.0	72-69	~	4.6	0.01			7.0	_	+

PLANT STAFFING:				C/2018		DAME DC	W #HL DO!		
Day Shift Operator	Class:	B+C	Certificate No:	B 8035	Name:	DONALD TE	H0576	7-62-	
Evening Shift Operator	Class:	C+A.	Certificate No:		Name:				~ 5
Night Shift Operator	Class:	X1A	Certificate No:	XCA	Name:	MA			
Lead Operator	Class:	B	Certificate No:	0.8035	Name:	Daroco E	HOSTE	CEA.	
Type of Effluent Disposal or F	leclaimed	Water Reuse:	X	SA	•		The same of the sa	Mine - H-ONLINE	
Limited Wet Weather Dischar,	ge Activat	ed: Yes: No		e: If yes, cumulative	e days of	wel weather	3/24	AMERICA CONTRA	_
discharge:	-		••	, ,					
"A wach addistant characters									

Anach additional sheets if necessary to list all certified operators.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Mid-County Services, Inc. 200 Weathersfield Ave.

Altamonte Springs, FL 32714

FACILITY:

Mid-County WWTP

LOCATION:

2299 Spanish Vista Dr. Palm Harbor, FL 34668

COUNTY:

Pinellas

PERMIT NUMBER:

MONITORING PERIOD From:

LIMIT: CLASS SIZE:

PLANT SIZE/TREATMENT TYPE:

DISCHARGE POINT NUMBER:

THREE MONTH ROLLING ADF:

FL0034789-002-DW1P 8-1-01

Final

Minor

D001

В

REPORT: GROUP:

To:

% OF PERMITTED CAPACITY

Monthly Domestic

WAFR SITE NO.: 14595

DMR date: 2/00

Parameter		Quantity	or Loading	Units	Qua	ality or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement				2.23			MGL		CAUL	2.22
STORET No. 80082 Y Mon.Site No. EFD-01-36118	Permit . Measurement		15 A	ija W	5.0 (An.Avg.)	\$1		mg/L		Calculated	Rolling Annua
CBOD5	Sample Measurement		·		2.4	4.1	4.1	MEL		WEEKIY	ZYAFRC
STORET No. 80082 1 Mon.Site No. EFD-01-36118	Permit Measurement	. 1.	3. 新城市		6.25 (Mo.Avg.)	(Week.Avg.)	10.0 (Max.)	mg/L	1. 1. 7	Weekly	16-hour FPC
TSS	Sample Measurement				1.25			M62		CAUL	1.32
STORET No. 00530 Y Mon.Site No. EFD-01-36118	Permit Measurement	्री क		tracking.	5.0	Miles Vis		mg/L		Calculated	Rolling Annua Avg. ¹
TSS	Sample Measurement				1.9	2.4	2.4	MGL		WEEKLY	24AFPC
STORET No. 00530 1 Mon. Site No. EFD-01-36118	Permit Measurement				6.25 (Mo.Avg.)	7.5 (Week Avg.)	10.0 (Max.)	mg/L	新贵族	Weekly	16-hour FPC
TSS	Sample Measurement							M62		5 DWK	G.B.
STORET No. 00530 B Mon.Site No. EFB-01-36383	Permit Measurement	3 3 4°		166			5.0 (Max.)	mg/L	- 1 - 1411	7 Days/Week	Grab
pΗ	Sample Measurement				6.5			5.0		Caut	METEL
STORET No. 00400 1 Mon.Site No. EFD-01-36118	Permit Measurement	不是			36.0 74 (Min.)		8.5 (Max.)	S.U.	S 18	Continuous	Meter

^{&#}x27;Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO DAT	TE (YY/MM/DD)
leas fut openatur.	Would Hostetler	121-181-1978 01	-09-19

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Mid-County WWTP Month Year: AU G 200 \

PERMIT NUMBER: FL0034789-002-DWIP

Parameter		Quantity	or Loading	Units	T	124	DISCHARGE PO				ITE No.: 14:
Fecal Coliform Bacteria	+			Units	l Q	uality or Concen	tration	Units	No.	Frequency of	Sample
- Som Comorni Bacteria	Sample Measurement			1	_ <u> </u>	T	T	 	Ex.	Analysis	
STORET No. 31615 1	Permit		Maria de la secolo de	U.S. Survey	21		61	FOOML.		SDWF	6.6
Mon Site No. EFD-01-36118 TRC for disinfection	Measurement		所有效各类	SHOW Y	Not Detectable		25	#/100mL	28,930	. 5 Days/Week	
t RC for disinfection	Sample				(75 Percentile)	A Company of the Company	(Max.)				Gra
STORET No. 50060 A	Measurement Permit				1.7			MOL.			22.50
Mon Site No. EFA-01-36356	Measurement				1.0	Parawaitu Laa.	1 ASSESSMENT AND A			16 Hugenss	6.0
TRC for dechlorination	Sample	0			(Min.)		1987	mg/L		Continuous	Met
STORET No. 50060 0 1 0 0 0 0 0	Measurement						0.01		1380.5		2.73
Mon.Site No. 50060 1 Mon.Site No. EFD-01-36118	Permit			3124 Sec.	\$64m.#x5" 0 se	All Supplied Agent		MEr		Hourn	GR14
Vitrogen	Measurement Sample	19 (4 SE) (2 PK					0.01 (Max.)	mg/L		Hourfy.	Gra
- 	Measurement	1			2 8		(IVIAX.)		15.00		
TORET No. 00600 Y	Permit	151638.8674	8 3 W 14 2 1 58 S 10 1	31-52-52	8-8			MEL	1	CAUL	_ a. s
Mon.Site No. EFD-01-36118	Measurement			14 2 T	∄ (3.0 - (Ana.Avg.)		774 Year 1234	mg/L as	13585	Calculated	Rolling A
	Sample			, ,				N	1867		Ave
TORET No. 00600 1	Measurement Permit	(State State States	Z-21.5		.88	1.9	7.9	MbL		100012	
fon.Site No. EFD-01-36118	Measurement				3.75	4.5	6.0	mg/L as	N. Server	WEEKLY	HYE
hosphorus	Sample		-	a ver of profession of	(Mo Avg.)	(Week Avg.)	(Max.)	N.		Weekly.	16-hour
TORET No. 00665 v	Measurement			1	.41						
lon.Site No. EFD-01-36118	Permit Moasurement				1.0	1851 - 1 ² 511 - 1851 - 18	4.1. 24.1. 1.2. 1.3. 1	Mer		CAUL	JYNP
nosphorus	Sample				(An.Avg.)			mg/L as		Calculated	16-hour
	Measurement	1	1	- 1	18	a				K COST TO A CONTROL	44.46 j. 14.
ORET No. 70507 1 on Site No. EFD-01-36118	Permit .			Ar All II	1.25	, 59		MEI		WEEKIY	24N FF
ygen, Dissolved (DO)	Measurement		, ,		(Mo.Avg.)	(Week Avg.)	2.0	mg/L as		Weekly	16-hour F
·	Sample Measurement	1	T		6-7	THUM. PLY	(Max.)	P		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
ORET No. 00300 1	Permit						1	MOLI		DATIN	GRA!
on.Site No. EFD-01-36118	Measurement	1			5.0 (Min.)			mg/L		Daily	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA0034789-002-DW1P Month Year AUG2001

Facility Name: Mid-County WWTP

Three-month Average Daily Flow: 7° 4
Daily Flow % of Permitted Capacity: 73%

	Flow	CBODS	TSS	TSS	pH	Fecal	TRC	70-0					
Cot	(MGD)	(mg/l.)	(mg/L)	(mg/L) GAAB	(s.u.)	Coliform Bacteria (#/100ml)	(For Disinfect)	TRC (For Dechlorinat.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBOD5 (mg/L)	TS:
Code	50050	80082	00530	00530	00400	74055	50060	50060	00600	00665	00300	90082	
Mon. Site		EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01	EFD-01	80082 INF-01	005
2	.711			1.0	7.3- 7.1	<1	5.0	0-01				141-01	INF-
	.782	4.1	0.6	10-5	22-7.0	41	5-0	0-01	.35	.12	6.8 7.0		
4	.779		-		7-3-7-1	<1	5-0	0-01		, , ,	6-7	310	14
5	703		 		7.4 - 7:0		3.2	0.01			6.7		
6	.143				7.4-7.0		3.7	6.01			7.7		
-, -	<u> ۱۲۵ .</u>				71-69	<1<	5-0	0-01			7-0		
8	-714		-		7.6 - 6.8	<1	3.2	.0-01			6-8		
9	644	2		1.4	20-68	CI	1.9	0.01	· · · · · · · · · · · · · · · · · · ·		6.8		
10	680	2.0	0.5	0.5	7.1-68	41	5.0	6-01	· 47	. 18	7.2		
11				2-0	72-68	<1	5.0	0-01	·		7.2		
12	759				<u> 59- 6.6</u>		3.5.	0-01			7.3		
13	618				2.7~7.1	-	3-9	0.61			7-6		
14					7-6-6-5	<1	4.9	0-01			7.2		
17	597	~ -			7.1-6.7	</td <td>2-9</td> <td>0-01</td> <td></td> <td></td> <td>6-8</td> <td></td> <td>·</td>	2-9	0-01			6-8		·
16		2.0	ء (و		72-6.8	<1	3.5	0.01	1.9	. 24	7.1		
17	528 709				72- 7-0	<1	3.5	0.01			7.0		
10	656		-	- 1	24- 72	<1	2.4	0-01			6.8		
10	668				7.4.7.1		3-8	0.01			7.0		
20					1.7- 7-1		4.9	0.01			7-7		
71	676				72-7-0	<u> </u>	3.5	0-01			7.0		***
13		2.1			7-1-6-7	<1	5.0	0.01			7.0		
22	148	X. (2.4		,१८८%	<u> </u>	5-0	0.01	.51	···········	7.0		
24	154			3 / T	21- 8-2	<1	5.0	0.01			6.8		
25.	662				70- 6.7	<1	5.0	0-01			6.8		
26	673			<u> </u>	1- C-8		4.2	0-01			7-0		inimari Kappi
33	285			1-1-1-1	2-71		3.8	0-01			7.8		
7 7 1	68			1.6 6		<1	5.0	0.01			7-1		
29					- 고- 2- o .	<1	3.4	0.01		1	7 2		
30	713	2.0	0-8		1-75	21	3.4.	0.01	1.2		7.2		
11	660			0-6 7		<1		0-01		1	7-2-		·····
				0-57	0-67	<1	3.0	0-01			6-8		

DI ANDROMANIA			6.11	3.0	0.01			6-8		
PLANT STAFFING: Day Shift Operator Evening Shift Operator Night Shift Operator Lead Operator Lead Operator Type of Effluent Disposal or Re Limited Wet Weather Discharge discharge:	Class: 7 Class: 8 claimed Wate Activated:	er Reuse:	Certificate No: Certificate No: Certificate No: COPus Not Applicable	25854 - A MAD 25-803 3 N CLEE	Name:	Dana	S ADMEN	HOSTETC HOSTET HOSTET	M-JOHLS_	
Attach additional sheets if nece	ssary to list a	li certified	operators.) -ul outil	matire trays of W	et weather		NA.		Min'usbigs

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Mid-County Services, Inc. 200 Weathersfield Ave.

Altamonte Springs, FL 32714

MONITORING PERIOD From: LIMIT:

PERMIT NUMBER:

9-1-01 Final

FL0034789-#12-DW1P

To: REPORT: GROUP:

Monthly Domestic

CLASS SIZE:

PLANT SIZE/TREATMENT TYPE: DISCHARGE POINT NUMBER: Minor B D001

WAFR SITE NO.

14595

FACILITY: .

COUNTY:

Mid-County WWTP 2299 Spanish Vista Dr.

Pincilas

Palm Harbor, FL 34668

THREE MONTH ROLLING ADF:

81' % OF PERMITTED CAPACITY

DMR date: 2/00

Parameter		Quantity	or Loading	Units	Qual	ity or Concentra	ition	Units	No. Ex.	Frequency of Analysis	Sample Type
1 1	Sample Measurement				2.2			MGL		CA L Calculated	2. J. Rolling Annua
STORET No. 80082 Y	Permit Mensurement				5.0 (An.Avg.)			mg/L		Carculates	Avg.1
BOD5	Sample Measurement				∂ . Ø 6.25	2.0 7.5	2.0	MG-L mg/L		WEEKLY Weekly	16-hour FPC
Mon.Site No. EFD-01-36118	Permit Measurement				(Mo.Avg.)	(Weck.Avg.)	(Max.)	<u> </u>		(5)	1.3
ISS	Sample Measurement				1.3			M6-L mg/L		CA Calculated	Rolling Annu Avg.
STORET No. 00530 Y Mon.Site No. EFD-01-36118	Permit Measurement		- 抗液管结合		, (An Avg.)		0.5	MGZ		WEEKLY	BYNR FP
TSS	Measurement Permit			ille autoria	0 . S	0.5	> 10.0	mg/L	1	Weekly	16-hour FPC
STORET No. 00530 1 Mon.Site No. EFD-01-36118	Measurement Sample				(Mo.Avg.)	(Week.Avg.)	(Max.)	MG-L		50wK	GRAB
TSS STORET No. 00530 B	Measurement Permit		. (49): 1, 10.1				5.0	mg/L		7 Days/Week	Grab
Mon.Site No. EFB-01-36383	Measurement Sample	· ·			6.3		(Max.)	5.0		COWT	METER
STORET No. 00400 1	Measurement				6.0 (Min.)		85	S.U.		Continuous	Meter

¹Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

SUBMICE MICHIGAN AND AND AND AND AND AND AND AND AND A	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OF ACTION		1	01-10-17
CEAD PURIT OPERATOR	Honold & Hostetler	722	1,

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

ACILITY NAME: Mid-County WWT londh/Year: SEPT 2001 Parameter	T	Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Typ
Fecal Coliform Bacteria	Sample				</th <th></th> <th>44</th> <th>TOOM</th> <th>1</th> <th>SPWE</th> <th>GRAB</th>		44	TOOM	1	SPWE	GRAB
recar Comona Education	Measurement				Non Detectable		25	#/100mL		5 Days/Week	Grab
STORET No. 31615 1 Mon. Site No. EFD-01-36118	Permit Mea surement				(75 Percentile)		(Max.)			4. 0-	Cano
TRC for disinfection	Sample				1.1			M62	ļ	16 HLGRABS	Meter Meter
STORET No. 50060 A	Measurement Permit Measurement				1.0 (Min.)			mg/L		Continuous	
Mon.Site No. EFA-01-36356 TRC for dechlorination	Sample						0.01	MG-1	1	Housey	GRAC
TRC 101 decinormation	Measurement			ļ			0.01	mg/L		Hourly	Grab
STORET No. 50060 1 Mon. Site No. EFD-01-36118	Permit Measurement	<u></u>					(Max.)				
Nitrogen	Sample			1	2.5	_		MGL		CAL	2.5
STORET No. 00600 Y Mon.Site No. EFD-01-36118	Mea surement Permit Mea surement				3.0 (An.Avg.)			mg/L as		Calculated	Rolling Ann
Nitrogen	Sample				111	1.7	1.7	MGL	}	WEEKLY	24 NRJ-9
	Measurement Permit			+	3.75	4.5	6.0	mg/L as		Weekly	16-hour F
STORET No. 00600 1 Mon. Site No. EFD-01-36118	Measurement				(Mo.Avg.)	(Week.Avg.)	(Max.)	-	+	1	
Phosphorus	Sample			1	1.38			MGI		CAL	24 MIP
STORET No. 00665 y	Measurement Permit Measurement				1.0 (An.Avg.)			mg/L as P		Calculated	16-hour Fl
Mon.Site No. EFD-01-36118 Phosphorus	Sample				1.1	1.8	1.8	M6-2		WEEKLY	24 MARC
rnospiloras	Measurement			 	1.25	1.5	2.0	mg/L. as	1	Weekly	16-hour F
STORET No. 70507 1 Mon Site No. EFD-01-36118	Permit Measurement			<u> </u>	(Mo.Avg.)	(Week.Avg.)	(Max.)	P			GLAC
Oxygen, Dissolved (DO)	Sample Measurement				6-8			M62	-	Destru	Grab
STORET No. 00300 1 Man. Site No. EFD-01-36118	Permit Measurement				5.0 (Min.)	<u> </u>		mg/L	<u></u>	Dany	1. 0,20

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

Parameter		Quantity	or Loading	Units	Qua	ality or Concen	tration	Units	No. Ex.	Frequency of Analysis	Sample Typ
Flow	Sample	,732	.780	MED						CONT	Flor MAR
	Measurement	0.900	Report	mgd		53,57,77,4				Continuous	Flow Meters Totalizers
STORET No. 50050 1 Man Site No. ÉFD-01-36118	Permit Measurement	(AADF ²)	(Mo.Avg.)						 		
flow	Sample Measurement		.719	MAD					-	Mountly Col	717 Calculation
STORET No. 50050 Y Mon. Site No. EFD-01-36118	Permit Measurement		Report (Ann.Avg.)	mgd						Calculation	(Rolling Annual Avg
CBOD5	Sample				160			MEL		mariany	16th Gene 16-hour FP
STORET No. 80082 G	Measurement Permit Measurement				Report (Mo.Avg.)			mg/L		Monthly	
Mon Site No. INF-01-36119 TSS	Sample Measurement				150			462	<u> </u>	MOWTHLY	16-hour FI
STORET No. 00530 G Mon. Site No. INF-01-36119	Pennit Measurement	14			Report (Mo.Avg.)			mg/L		Monthly	10-DAR F
MOLENO TO. S. T.	Sample Measurement										
	Permit Measurement								+-	No. 1 No. 1 No. 1	
	Sample Measurement							-	-		
	Permit Measurement								-		7. 19 (0.00)
	Sample Measurement				ļ			-	+		
	Permit Measurement		<u> </u>					ļ			·
	Sample Measurement							<u> </u>	┼		
	Permit Measurement								-		
	Sample Measurement							 	+-		
	Permit Measurement		d the preceding			<u> </u>		<u> </u>			

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA0034789-002-DW1P Month/Year SEPT 2001

Facility Name: Mid-County WWTP

Three-month Average Daily Flow: 73 2
Daily Flow % of Permitted Capacity: 81%

	Flow (MGD)	CBOD5 (mg/l.)	TSS (mg/L)	TSS (mg/L)	pH (s.u.) ≟J − L	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	TRC (For Dechlorinat.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00530	00400	74055	50060	50060	00600	00665	00300	80082	00530
don. Site	EFD-01	EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01	EFD-01	INF-01	INF-01
1	.६९५			-	74 - 67		5-0	0.01			6.8	 	
2	.668			_	21. 20	~	3.4	0.01			7-4		
3	731			1.8	7.2 7.0	< 1	4.1	0.01			7.1		
4	.716			1.8	76-69	<u> </u>	3.5	0.01			7. 2		
5	.687	2.0	0.5	1.0	74 - 49	41	3.4	0.01	1.7	1.8	7.2	160	150
6	685	1		1.8	70-69	41	5.0	0-01			7-1		
7	.688			0.5	7.0- 69	<1	5.0	0.01			6.8		·
8	.735		1	-	70-68	_	5.0	0.01			6.8		
9	.145			_	7.1- 70		3.9	0.01			7.4		
10	.682			1-6	7.0-69	44	5.0	6-01			7.1	1	<u> </u>
11	.646			0.5	20 - 69	41	3.9	0-01			7-2	,	
12	.617	2.0	0.5	0.8	70-69	41	3.6	0.01	.84	.19	6.7		<u> </u>
13	918			0.5	20-68	<1	4.7	0.01			6-8		
14	1.14			0.5	70-67		3.4	0.01			67		
15	1.01			_	70-68	(30	0.01			6.8		<u> </u>
16	.937			_	70 6.4	_	3.4	0-01			7.8		
17	.950			1.2	6.7 6.3	<1	3.0	0-01			2.2		
18	.802			1.0	7.1-68	<1	1.1	0.01			2-0		
19	.776	2.0	0.5	0.5	71-68		1.8	0.01	1.7	.08	7.0		
20	148.			0.5	72-69	<1	2-4	0-01			7.0		
21	.769			0.5	73-7-1	<1	4.2	0.01		<u> </u>	6.8		
22	.705			_	77. 7.9	_	1.7	0.01			6.8		-
23	967				20-6.6		4.2	0.01			7.4		
24	.277			1.2	7.7.7.1	T	1.8	0.01			7.0		
25	.246			0.5	2.2.70		2.3	0-01			7.0		
26	.766		0.5	0.5	7.2-7.0	1	3.8	0.01	.16	1.2	7.2		
27	194		1	11.2	72-76	 	3.5	0.01			7.0		
28	719			0.8	7.2. 7.	, <u>, .</u>	3.5	0-01			6.8		
29	690			1-	7.2 · 7 ·	1	2.7	0.01			7-0		
30	.240			1_	70-6.	1	1-8	0-01	1		7.7		
31	1**	· · · · · ·											

ASIZZ MATT BUNTARY	
PLANT STAFFING: BIGGIS DAYED CONTEN	
Day Shift Operator Class: PAR-IA Certificate No: A. RO35 Name: DMILL & HOSTETCHIA	
Evening Shift Operator Class: C+ 4. Certificate No: (8854 ASID Name: HOWARD & ALDUCK, - RINL	No 30A-3
Night Shift Operator Class: 1) (Q. Certificate No: 1) (A. Name: Name:	
Lead Operator Class: B Certificate No: B. 8035 Name: Donald E Hos 75	15 Gr
Type of Effluent Disposal or Reclaimed Water Reuse: CURLOW CREEK	
Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather	
discharge:	

*Attach additional sheets if necessary to list all certified operators.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Mid-County Services, inc.

200 Weathersfield Ave.

Mid-County WWTP

2299 Spanish Vista Dr.

Palm Harbor, FL 34668

Altamonte Springs, FL 32714

I LICIVIA I INVINCE MONITORING PERIOD From:

LIMIT:

CLASS SIZE:

PLANT SIZE/TREATMENT TYPE: DISCHARGE POINT NUMBER:

D001

Final Minor

В

REPORT: GROUP:

To:

Monthly

Domestic

14595

WAFR SITE NO .:

LOCATION: COUNTY:

FACILITY: .

Pinellas .

THREE MONTH ROLLING ADF: .

,715

% OF PERMITTED CAPACITY 78%

DMR date: 2/00

Parameter		Quantity	or Loading	Units	Qua g.2.4	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
CBODS	Sample Measurement				2+	·		1162	0	CALCULATES	RAA
STORET No. 80082 Y Mon.Site No. EFD-01-36118	Permit Measurement		3.544	A 188	(An.Avg.)		•	mg/L		Calculated	Rolling Annua Avg. ¹
CBOD5 .	Sample Measurement				2.0	MODI=9	2-0	M62	0	WEEKIY	24H FPL
STORET No. 80082 1 Mon.Site No. EFD-01-36118	Permit Measurement			1000		7.5 (Week.Avg.)	10.0 (Max.)	,, mg/L	Mari	Weekly	16-hour FPC
TSS	Sample Measurement				1.3			MGL	6	CAULCULATED	RAB
STORET No. 00530 Y Mon.Site No. EFD-01-36118	Permit Measurement	, T. 4		1200	5.0 (***(An:Avg.)	**************************************	*	mg/L		Calculated	Rolling Annua . Avg.1
TSS	Sample Measurement				1.0	MODE: 9	1-0	Mal	0		24 HFPC
STORET No. 00530 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Permit Annual Measurement					(Week Avg.)	(Max.)	Amg/Le	多 技术	Weekly	16-hour FPC
rss	Sample Measurement						1-6	MEL	٥	5 Dark	GRAB
STORET No. 00530 B Mon Site No. EFB-01-36383	Permit Measurement	8.2 8 22		建物 药			5.0 (Max.)	mg/L	3.18	7 Days/Week	Grab
oH .	Sample Measurement				6-8		7.4	8.0	0	CONT	METER
STORET No. 00400 1 1 Mon. Site No. EFD-01-36118	Permit Measurement (%				6.0.36 (Min)		8.5 (Max.)	SU	1	Continuous	Meter

¹Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINC	IPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
CFAD RUT OPEKATOR	Olu C	Down	727-187-2578	01-21-20

DISCHARGE MONI. LING REPORT - PART A (Continued)

FACILITY NAME: Mid-County WWTP

Morely Year: OCT 260

PERMIT NUMBER: FL0034789-002-DWIP DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

Parameter		Quantity	or Loading	Units	Qu	ality or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Typ
Fecal Coliform Bacteria	Sample weasurement	Į.			, , , , , , , , , , , , , , , , , , ,		121	175	J. D.A.		1
STORET No. 31615 1 Mon Site No. EFD-01-36118	Permit Measurement				Non Detectable		25	#/100mL	A A	3 Days/Week	Gráb
TRC for disinfection	Sample Measurement			and the property of the proper	2.2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Total Street	M6L	0	16kh GRADS	METER
STORET No. 50060 A Mon. Site No. EFA-01-36356	Permit Measurement	41.2236			1.0 (Min.)		22.54	mg/b		Continuous	Meter
TRC for dechlorination	Sample Measurement			Secure Secure	CWAIL, M.	23.22	0-01	MG L	0	HOURLY	GRWS
STORET No. 50060 1 Mon. Site No. EFD-01-36118	Permit Measurement			in the second			0.01 (Max.)	mg/L		Hourly and	Grab
Nitrogen	Sample Measurement				2.2		(Mga.)	WFF	0	CALCULATED	RAA
STORET No. 00600 Y Mon. Site No. EFD-01-36118	Permit Measurement				3.0 (An Avg.)			mg/L as	30.85	Calculated	Rolling Ann
Nitrogen	Sample Measurement				.72	110DI=9	/.3	Mai	0	WEEKLY	ZYNRFR
STORET No. 00600 1 Mon.Site No. EFD-01-36118	Permit Measurement				3.75 (Mo.Avg.)	4.5 (Week Avg.)	6.0 (Max.)	mg/L as	% Y %	Weekly	16-hour FP
Phosphorus	Sample Measurement				.52		Property .	MG L	0	CALLOLATED	24M FPC
STORET No. 00665 y Mon. Site No. EFD-01-36118	Permit Messurement				1.0 (An Avg.)			eng/L as		Calculated	16-hour FP
Phosphorus	Sample Measurement				1-1	KODI-9	1.9		0	WEEKLY	BYALFPC
STORET No. 70507 1 Mon. Site No. EFD-01-36118	Permit Measurement				1.25 (Mo.Avg.)	1.5 (Week Avg.)	2.0 (Max.)	mg/L as		Weekly	16-hour FP
Oxygen, Dissolved (DO)	Sample Measurement				6.8			Mfl	0	Datey	GRAS
STORET No. 00300 1 Mon.Site No. EFD-01-36118	Permit Measurement				5.0 (Min.)			mg/L		Daily :	Grab

DISCHARGE MON. DRING REPORT - PART A (Continued)

FACILITY NAME: Mid-County WWTP MONTH/YEAR: OCT 200 (

PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

Parameter Parameter		Quantity	or Loading	Units	Qu	ality or Concenti	ation	Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.716	.704	1060					Ø	cowt	Flowing
STORET No. 50050 1 Mon.Site No. EFD-01-36118	Pennit 'Measurement	0.900 (AADF ²)	Report (Mo Avg.)	mgd	14.75%	The same of the sa				Continuous	Flow Metersa Totalizers
Flow	Sample Measurement		, 216 717	Meg					0	Mowither	RAA
STORET No. 50050 Y Mon.Site No. EFD-01-36118	Permit Measurement		Report y (Ann Avg.)	mgđ						Monthly Calculation	Calculation (Rolling) Annual Ave
CBOD5	Sample Measurement				220		200 (A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	MEL	0	Morthu	16 Kh
STORET No. 80082 G Mon.Site No. INF-01-36119	Permit Measurement				Report (Mo,Avg.)	37 48		mg/L		Monthly	16-hour FPC
T%	Sample Measurement				200			Mal	0	Monthul	16 Hr 6RA
STORET No. 00330 G Mon. Site No. 1NF-01-36119	Pennit Measurement				Report (Mo.Avg.)			mg/L		Monthly	16-hour FPC
	Sample Measurement										
	Permit Measurement								微		
	Sample Measurement										
	Permit Measurement										
	Sample Mea surement										·
	Permit Mes sucement										
	Sample Mea surement						. Li <u>ili di</u>ni di ili /del>				
	Permit Measurement			,							
	Sample Measurement										
	Permit Measurement										

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS:

Mid-County Services, Inc.

200 Weathersfield Ave.

Altamonte Springs, FL 32714

PERMIT NUMBER:

FL0034789-002-DW1P MONITORING PERIOD From:

10-1-01 Final

To:

18-31-01

LIMIT: CLASS SIZE:

Minor

REPORT: GROUP:

TOXICITY

FACILITY: LOCATION:

Mid-County WWTP 2299 Spanish Vista Dr.

Palm Harbor, FL 34668

PLANT SIZE/TREATMENT TYPE: DISCHARGE POINT NUMBER:

В D001

WAFR SITE NO .:

14595

COUNTY:

Pinellas

DMR date: 2/00

Parameter		Quantity or Loading	Units	Quality or (Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Routine)	Sample Measurement			NODI=9					
	Messusanene Z			igas (1975) La cevima		12369111		Blenjanany?	See Sining"
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement			NoDI=9					
NOEL STATRE 7 DAY CHRONIC	Sample			(176 (186)		्र १५ हमा: -		Additional # Plainting	See Parini
Ceriodaphnia dubia (Additional)	Measurement	×		NODI=9					
NOEL STATRE 7 DAY CHRONIC	Sample			wenner . Land		7 5 7 1		Confirmed Sec.	A Medikamile a
Pimephales promelas (Routine)	Measurement			NODE=9		tkerean;		eBienombicos	
NOEL STATRE 7 DAY CHRONIC	Sample	M		redina)					
Pimephales promelas (Additional)	Measurement		E 3	MODE=9		la Peromitis		Te-Addinonal (see	
NOEL STATRE 7 DAY CHRONIC	Sample			(2/07)				JDSS innves	
Pimephales promelas (Additional)	Measurement			NODE-9		and the same		e 4 cikiniojan 🛬 🕏	
f a second definitive test is required, er	ter the result in an ex	Note to the second seco		<u> Sólio</u>				Justinia C	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO DATE (YY/MM/DD) PLANT OPERATOR 727-287-7528 01-11-20 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

^{**} Enter NODI=9 in the results column if no discharge occurred during the reporting period. Enter NODI=9 in the results column if no definitive tests are required.

Wher Completed mail this report to: Department of Environmental Protection, Wasternater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Taliahassee, 32399-2400

PERMITTEE NAME: MAILING ADDI ESS: Mid-County Services, In. 200 Weather field Ave.

Altamonte Springs, FL 32714

PERMIT NUMBER:

FL0034789-002-DW1P

Firal

To: REPORT:

10-31-01 / mbient

MONITORING PERIOD From:

DISCHALGE POINT NUMBER

GROUP:

Monitoring I omestic

FACILITY:

Mid-County Services, In. 2299 Spanish Vista Dr.nue

CLASS S ZE: PLANT S ZE/TREAT MENT TY E

LIMIT:

Minor В

D001: Ambient Monitoring at Outfall

WAFR SITE No .: 1 1595

I MR Date: 02/00

LOCATION:

Palm Harbor, FL 34668

COUNTY: Pinellas	,1231000	 	·			· ************************************						
Pa ameter				Ç ual	ity or	Concentra	tion	Uni	s No		quency of Analysis	Sample Type
рН	Sample Measurement		160	ひまこぐ								
210 2020 00 00 0 5 10 2 10 2 10 2 10 2 1	Phonin Missingments										larterly	
DISSOLVED O CYGEN	Sample Measurement		10	DE=9								
510-640 (05 S 510-640 (05 S	Pennt Visishishish			(Garage				# (P)			musik	Gra S
TEMPERATUR 3	Sample Measurement			0DI=9							× .	
SEESON OO SEESON	Grande Vita au Gingilo - 200			Tepro E							Parter S	
SAL NITY	Sample Measurement		16	odI=9							7	
ar araba (A Siperana) antoning to	Reanton See See See See See See See See See Se	1		(Geen)						100	arter y	Wind Section 1
Feca Coliform	Sample Measuremant		16	p = ICI c		1						2702
Hilliog 2 Sile Shees (25-04-262) 40-25-2	Fernalis National Alexandra			3 ₁₁ 160						0	in (early	c Croi
Tota Coliform	Sample Measurem :nt		1.0) = IGO								
5	Regult otelement interes			CHOICE CONTRACTOR				907	ilo P	. 10	inetty _	Girli
Turb dity	Sample Measurem :nt		<i>i.</i> t	0=200								
10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Mercine and Alexander and Alex			ici,si						Ç	intenty 💉	ie I.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of these individuals immediately responsible for obtaining the information, I selieve the submit ed information is true, accurate and complete, i am aware that there are significant penalties for submitting false information including the possibility of line and impossionment.

NAM E/TITLE CF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICE CORAUTI ORIZED A GENT	TELEPHON: NO	DATE (YY/MI (/DD)
1,300 Pout observa	Decree Market	* 21-7-87-7918	01-11-20

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

FACILITY NAME: Mid-County WWFP MONTH/YEAR: OCT 2001

PERMIT NUMBER: FL0034789-002-DW1P

DISCHARGE POINT NUMBER: D001 - Ambient Monitoring at Outfall

WAFR SITE No.: 14595

Parameter Parameter		Quantity or Loading			Qı	Units	No. Ex.	Frequency of Analysis	Sam ale Type		
TOTAL SUSPENDED SOLIDS	Sample Measurement		W		Noote 9		₩ -7			unganga Amerikan di Kabumatan di Amerikan	
S 1016151366 (40516)	Permit Westingmenter				Kepon Sa			my/f		Quarterly	T T T
BOD, CARI ONACEOUS	Sample Measurement				NODI=9						
	Permit Sales in a second secon							me/L		Onarterly.	rabies Para la
TOTAL KJE' DAHL NITROGEN	Sample Measurement				100T=9						
SUSSIENI SWAFIE 6534	Melsurment				l Groff			my/L		(Ouartefly)	(rab
NITRITE-NI RATE	Sample Measurement				NODI= 9						
\$ 000541N6 00640 306 \$ 000510 Ng 3WA3015 65340 31 4	Remnii Versor ments				Mark Care fi			me/L		Quarterly	Crab Ca
T)TAL AMMONIA	Sample Measurement				NOD1:9						
syon offende swayous 6224	Remine West and the second sec				Report			ming/L		Ouarterly 1	(670)
T-)TAL PHOSPHORUS	Sample Measurement				NODI-9						
0.01 27 g	Panile Vicamentale				RODGE ST			r mg/l se		Ottanterty	Geb
O (THO-PHOSPHORUS	Sample Measun ment				P=18091					:	
A OBSTANO ORDANA PERIODA O DESTRANO SANCIA PERIODA	Parint Cares				14-10-1			3my/Land		Operically	(Feb.

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME: MAILING ADDRESS:

Mid-County Services, In.

200 Weathersfield Ave.

Altamonte Springs, FL 32714

PERMIT NUMBER:

FL0034789-002-DW1P

MONITORING PERIOD From: LIMIT:

10-1-01 Final To: REPORT:

GROUP:

10-31-01 Ambient

Ambient Monitoring

Domestic

FACILITY:

Mid-County Services, In.

CLASS SIZE: In. PLANT SIZE/TREATMENT TYPE Minor B

WAFR SITE No.:

14595

LOCATION:

COUNTY:

2299 Spanish Vista Dr.nue

Palm Harbor, FL 34668

Pinellas

DISCHARGE POINT NUMBER: D001: Ambient Monitoring Upstream

DMR Date: 02/00

Parameter			Qua	ity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement			NODI=9					
STORE OF THE BEST OF	Bornite Wessinement		Renait Statice	(Report Minco-phi	Repare Esocionie			Ouarteriy	Corabi Section 1
DISSOL VED OXYGEN	Sample Measurement			P=7001X	And the second s				
STORE NO 0000 BEST AND NO CONTROL OF STREET	PAMII) IMI asinement		Report Surface	Report and MidaDenting	ReportBonom	mg/L		· Quarterly	Grab :
TEMPEI ATURE	Sample Measurement			NODE=9					
STORE NO CONTRACTOR	Remain IXI Antementa		Report Stime	RCD in an annual section of the sect	Recognitions			Ounrafty 1	Grab to
SALINITY	Sample Measurement			P=IGON					
\$700041	Mistienen		Report Strates	Report National	Remort Bottom	IVU I		Oparterio	Grib
Fecal Coliform	Sample Measurement			NODI=9					
Nogen (m. 1865) Vini Sile Vin SWB (USIOSS)	Planot MEsprement R			CETO CNTO DE DO	E Company	77100 1015		(Dilarierity	Grab
Total Coliform	Sample Measurement			MODI=9					
you suesto swift of reference	Reinte. Missinement			iviticane liti		#/100 escm]:-		Quarterly 17	Opabital Section
Turbidity	Sample Measurement			NODI = 9					<i>*</i>
erenes do pour 18 Con Sie co Syde Helous	evir sunement			PERO Miostre illes		NTU		Quarterly 1	Girlb

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inqui y of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO DATE (Y MM/DD)
LEAD PUIT OPERATEL.	Cal C'Hostetter	727-787-7878 01-11-20

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

FACILITY NAME: Mid-County WWTP MONTH/YEAR: OCT 200 PERM(T NUMBER: FL0034789-002-DW1P

DISCHARGE POINT NUMBER: D001- Ambient Monitoring Upstream

WAFR SITE No.: 14595

Parameter		Quantity of	or Loading	Units	Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a	Sample Measurement					NODE =9					V
500 000 000 000 000 000 000 000 000 000	Alexanement					Michella Vitic Benilo		70400		Onstress	Grab
TOTAL SUSPENDED SOLIDS	Sample Measurement		4		<u>-</u>	KODI=9	_				113 123 123
Stops (Caro Street) (Sassassa)	ye sirgilidir					Rejon Michelenia		i medi.		Oparterly 2	gas Grab
BOD ₅ , CARBONACEOUS	Sample Measurement				-	NODE=9	-				
singra personalangan di Sika Kabupatèn Sikapan di Sikapan	i essirenen					i viril i gentli		myl		Ouarenvers Page 1	Grab
TOTAL KJELDAHL NITROGEN	Sample Measurement				-	MODI = 9	-				
istiona i ka unos 351. John Sie in Siv <mark>i Edusio</mark> se	Granteideit Edulc					i Rekori Mre depuis		11124		One GIV	Crab (c
NITRI E-NITRATE	Sample Measurement				-	NODIZA	*				
-310)3 115, 1173 115 32 -311 31 30 30 30 40 20 55	Parini Pasinemen					Mad gjin		meal		Oparierly	a Gab
TOTAL AMMONIA	Sample Measurement				-	NODI = 9	-				
snegaži sa pro 000 š Zgrispis ne svijeji 36355	ा कोति। अस्तिकातन्त्राकृति					alkerin Ministerini		melica		k(Onarierly	
TOTAL PHOSPHORUS	Sample Measurement				-	Mode = 9	-				
S100(4511 (3.11)) Nyon-Aisan (3.11) Nyon-Aisan (3.11)	r (mili Verginanian					lyra to pan		10.4		Onarteriy	Grab
ORTHO-PHOSPHORUS	Simple Measurement	Security Management			-	KODI=9	-				
enoterior, no p Trospero e e e e e e e e e e e e e e e e e e	Pariolic Medalication					TCG TO		orne]		(Quarterly	- Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Mid-County Services, In.

PERMIT NUMBER:

FL0034789-002-DW1P

200 Weathersfield Ave.

MONITORING PERIOD From:

10-1-01

В

10-31-01 REPORT:

Altamonte Springs, FL 32714

LIMIT: CLASS SIZE:

Final Minor Amblent Monitoring Domestic

FACILITY: LOCATION: Mid-County Services, In. 2299 Spanish Vista Dr.nue PLANT SIZE/TREATMENT TYPE **DISCHARGE POINT NUMBER:**

WAFR SITE No.: D001: Ambient Monitoring Downstream

To:

GROUP:

14595

Palm Harbor, FL 34668

DMR Date: 02/00

COUNTY: Pinellas

Parameter				Qua	Units	No. Ex.	Frequency of Analysis	Sample Type		
pH	Sample Measurement				NoDI=9	***************************************			***************************************	
STERRE PER PER PER PER PER PER PER PER PER	Ramin Meananan			Roman Surmes	Recon Mio Denin	Regional Equation	SU		Ouarterly .	
DISSOLVED OXYGEN	Sample Measurement			NAMES AND ADDRESS OF TAXABLE PARTY.	NODI=9			NOTE BEAUTY		
sunidad Kompuni mas sunida samunidada	Mann Masukanentas			Plant String	Berieri Ming Pendin	ReportHottom	7070		Outro dive	Grab
TEMPERATURE	Sample Measurement				P=1150N				Marian S. L. Marian S. Commission of Street, S	
Statistical) (an - 6 Anne Stee Society (AD-20) = 16 gains	Pomili VjetshianGDE			Regional State of	Region Vital (Canal	Peroferion:	· · · · · ·		ologically	eral)
SALNITY	Sample Measurement	Second State Second Second	Continued Section 2015, and Section 19 Personal Continues 2015		1077F=9					
\$1.0000050 00480 65 350 \$16806550000130005	kanjir Maranen ⊈ nja			Accoustings.	Report Pre Mid Denting	Report Bellome	1071		Officery	(677)
Feca Coliform	Sample Measurement				P=270N					
construction of states and states and states are states are states and states are states are states and states are states	demi Messusm i nts				Report Militarian		/100mi		(Official)	Grab .
Tota: Coliform	Sample Measurement				P=7(0))					
Stocker Na Strain (* 1671) com Sheekh Same (hearigh)	Remin Memoremphik				Resont Mig Pentil		#/ 00mil		(Officially	(Grah
Turb dity	Sample Measurement				NODI=9					
200 200 200 00 00 00 200 00 00 00 00 00	Permi Residential			, i	Report Mic Penni		3), D.O.S.O.		O lamenty and	Gell, C.

I certify under penalty of law that I have personally examined and am familia: with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
LEND PINT OPERATOR	Ver & Hostethe	727-187-7978	01-11-20

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here);

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400 FACILITY NAME: Mid-County WWTP PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: D001- Ambient Monitoring Downs MONTH/YEAR: ○○↑ → 60 \ DISCHARGE POINT NUMBER: D001- Ambient Monitoring Downstream WAFR SITE No.: 14595

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a	Sample Measurement			MODI=9				
400 - 200, 200 - 200, 200 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 40	Permit Messin <mark>ema</mark> nas			i kigori Vitid Lighth	11g/L		Ounitally	Grab
TOTAL SUSPENDED SOLIDS	Sample Measurement			NoDI=9				
VEO1820 NO 0000 10 VOORSON NO SAVEDU-10838	Pempu Potesmentalie			Report C Vicing Country	melly		Otanienty 8 %	Crain Crain
BOD, CARBONACEOUS	Sample Measurement			NoDI=9				
51 (18 E) 27 (18 (0) (6) (6) (8) (6) (8) (8) (8) (8	Parinte Vergrendelle z			ikepot Whadesh	mg/L		Ouarterly (
TOTAL KJELDAHL NITROGEN	Sample Measurement			MoDI=9				
410 (315 (36) 500 (35) (35) (35) (35) (35) (35) (35) (35)	Periotic Mensoranionis			RS1000 Mid-Depth	mg/t		Onenenv	(mb)
NITRITE-NITRATE	Sample Measurement			N6DI = 9				
S [OR HAND 006:00 TO 10	Sandos Sassiniais			Report VIIIIZ-piii	i my/i		Omiterity	Gr⁄b :
TOTAL AMMONIA	Sample Measurement			NoDI=9				
0018 E11045 (10060) (6 (602-8)(=200-9900-101-563055	Parmil Pytersoremanika			Rejons vicebepping	med		Quadelly	Greb
T OTAL PHOSPHORUS	Sample Measurement			NODF=9				
FOR THE NOTE OF SECTION SECTION	Demit Messuement			Repoir Viel Danii	-mg/L		Openedy	-Gab
ORTHO-PHOSPHORUS	Sample Measurement			1260T=1				
STORFFIRE DUTY STORE	Pennilo Mespilentent			Report of the second se	:mp/I		Operiorly	Gjidb e e e

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DAILY SAMPLE RESULTS - PART B

Permit Numbin: FLA0034789-002-DWIP Month/Year & CT 2001

Facility Name: Mid-County WWTP

Three-month Average Daily Flow: 700 Daily Flow % of Permitted Capacity: 78%

	low (I IGD)	CBODS (mg/L)	TSS (mg/L)	TSS	pH	Fccal	TRC	TRC	Nitrogen	Phosphorus		CBOD5	TSS
	(100)	(mg/L)		(mg/L)	(s.u.)	Coliform Bacteria (#/100ml)	(For Disinfect) (mg/L)	(For Dechlorinat.) (mg/L)	(as N) (mg/L)	(as P) (mg/L)	Oxygen (DO) (mg/L)	(mg/L)	(mg/L)
Code	: 3050	80082	GRAB 00530	COMP 00530	14 - L 00400	74055	50070			<u> </u>			
Mon. Site		EFD-01	EFB-01	EFD-01	EFD-01		50060	- 50060	00600	00665	00300	80082	00530
		210-01	ļ	ErD-01	EPD-01	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01	EFD-01	INF-01	INF-01
2	, ,61		0.5		7-3-7-0	01	2.7	01			74		
3	- 64		0.5		7.3-7.1	21	3.8	, 01			7.0		
4	. ,89	2.0	0-6	1.0	7.3-7.1	<1	3.2:	.01	.84	-45	7.0	220	200
5	42		0.5		7.3-7-1	<u> </u>	4.0	. 01			7-0		
6	. , 49		0.8		7.2-7.0	< 1 < 1 < 1 < 1 < 1 < 1 < 1 < 1 < 1 < 1	3-8	.01			6.8		
7	82				7.4-7-1		5.0	,01			7.1.		
8	. 60				7-1-70		2.7	10,			7-4		
9	· <u>23</u>		1.2		7.3- 1.1	<1 <1	3.6	.01			7.0		
10	. ,89		1.6		7.2-69	61	3.6	, 0 (7.0		
-11	285	3.0	1-0	1-0	1-1-69	21	3.9	, 0)	1.3	١٢.	7.1	1	
12	01		1.0		7.1-69	41	3.4	, e i			7-1	;	
13	<u>. 329</u>		1.0		72-68	<1	2.5	. 0 {			6.8		
14	. <u>599</u>	·	-		2-6-6-8	•	3-7	.01			7-0		
15	. 171	-	``		7.1-6-8	-	4.0	, 01			7.9		
16	30		1.0	<u> </u>	4-69	<1	3.8	.01			7.0		
17	. 64		1.0		70-6.3	<u> </u>	3.9	.01			7.0		
1	. 14	2-0	1.0	1.0	20-69	41	3.0	· . c	1-02	1.1	6.8		
18	. ,99		1-0		7.1-69	41	2.9	,01			7.0	<u> </u>	
19	· 183		1.0		7.0-6.3	<1	2.5				6-7		
20	. ,53		`		7-3-69	-	2.2	,01			6.8	1	<u> </u>
21	<u>.715</u>		~		72.70	f	4.2	.01			7.6	1	
22	.717		1.0		21-69	<1	2.2	.01			7-1	 	
23	. 129		1.0		7.0.6.9	<1	3.9	. 61			7-1	 	
24	. 765	2-0	1.0	1.0	1.0- G.9	c1	2.9	.01	,42	1.9	7.0.	 	
25	. 94		1.0		10-68	<1	3.5		, , , , , ,		6.7		
26	. 646		1.0		7.0-6.3	<1	3.5	, ot			6.8	 	
27	. ,56				7.1 · C.8	_	3.0	 	ļ		6.8,	 	
28	. 585		_	· · · · · · · · · · · · · · · · · · ·	1.1 - 68		4-7	.01	<u> </u>		77	-	
29	. 70		1.0	<u> </u>	7.2-68	<u> </u>	3.7	-01		-	 	 -	
30	. 671		1.6		7.1.68	121	3.2	.01	_	 	7.0	ļ	
31	.700	a-0	1.2	1.0	7.4.7.0		3.2	10.	.063	1.5	6.8		

PLANT STAFFING:	_		B12018 A21	72	DARFOC WINTENLE	MALL CORELLECT
Day Shift Operator Evening Shift Operator	Class: B+B+A	Certificate No:	B.8035	Name:	Devous & Hoste	tul.
Night Shift O ₁ crator	Class: CTA	Certificate No: Certificate No:	(8854 AZIT		House of Albrera	2 JUHO CORUMN
Lead Operator	Class: 73	Certificate No:	13.803S	Name: Name:	DONALD 5 7/0	a. +0.+
Type of Efflue at Disposal or R	eclaimed Water Reuse:	Colso	w exce		COURCE C 7/0	stetur.
Limited Wet \ /cathor Discharge	s Activated: Yes: No	o: Not Applicable:	If yes, cumulative	days of we	t weather XIA	
Attach additional sheets if nec	CSSERV to list all certifie	ed operators				

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS:

Mid-County Services, Inc. 200 Weathersfield Ave.

Altamonte Springs, FL 32714

PERMIT NUMBER:

MONITORING PERIOD From:

LIMIT: CLASS SIZE:

PLANT SIZE/TREATMENT TYPE: DISCHARGE POINT NUMBER:

FL0034789-WI2-DWIP

11-1-01 Final

Minor

D001

В

REPORT: GROUP:

To:

11-30-01 Monthly

Domestic

14595

FACULITY:

Mid-County WWTP

LOCATION: COUNTY:

2299 Spanish Vista Dr. Palm Harbor, FL 34668

Pinellas .

THREE MONTH ROLLING ADF: .

% OF PERMITTED CAPACITY

WAFR SITE NO.:

DMR date: 2/00

Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample				2-58			MEL	0	CAUL	RAA
STORET No. 80082 Y Mon.Site No. EFD-01-36118	Permit Measurement		SAMPLE ST	5 H 2 M	5.0 (An.Avg.)		. •	mg/L		Calculated	Rolling Annual Avg. ¹
CBOD5	Sample Measurement			,	<u>ي</u> . ٥	KODF-9	2-0	MEL	0	WEEKLY	24/4PPC 16-hour FPC
STORET No. 80082 1 Mon.Site No. EFD-01-36118	Permit Measurement		JAN SAL		6.25 (Mo.Avg.)	7.5 (Week Avg.)	10.0 (Max.)	mg/L		Weekly	16-nour FFC
TSS	Sample Measurement				WI	.4		MEL	0	CAUL	Rolling Annual
STORET No. 00530 Y Mon,Site No. EFD-01-36118	Permit Measurement		1944/14	精質等	- 5.0 (An:Avg.)			mg/L		Calculated	. Avg,
TSS	Sample Measurement				2-0	MODI = 9	2.0	MAL	0	CUEEKLY	2 Y BUR FRE
STORET No. 00530 1 Mon.Site No. EFD-01-36118	Permit 5. Measurement	1		多数型	6.25; (Mo.Avg.)	7.5 (Week.Avg.)	10.0 (Max.)	mg/L	F 13 %	Weekly	
TSS	Sample Measurement						1.2	MALL	D	5 Duk 7 Days/Week	GRAB Grab
STORET No. 00530 B Mon.Site No. EFB-01-36383	Permit Measurement	in the		建	+	张 教徒	5.0 (Max.)	mg/L	11/27	/ Days week	
pH	Sample Measurement				6.7		7.4	5.0	0	Court	METER
STORET No. 00400 1 Mon.Site No. EFD 01-36118	1				6.0 (Min.)		8.5 (Max.)	S.U.	100	Continuous	Meter

¹Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the Submitted information is true, according the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PR	INCIPAL EXECUTIVE OFFICER OR AUTHORIZED AG	ENT TELEPHONE NO DATE (YYMM/DD)
		Hostetter	721-787-7978 01-11-20

0.1

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Mid-County WWTP

PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

Parameter		Quantity	or Loading	Units	Qua	ality or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				<i>د</i> ا		< 1	Toom	0	SDWK	6RAB
STORET No. 31615 1 Mon. Site No. EFD-01-36118	Permit Measurement				Non Detectable (75 Percentile)		25 (Max.)	#/100mL		5 Days/Week	Grab
TRC for disinfection	Sample Measurement				1-0			M6-2	0	HOURLY	WETER
STORET No. 50060 A Mon.Site No. EFA-01-36356	Permit Measurement	·			1.0 (Min.)			mg/L		Continuous	Meter
TRC for dechlorination	Sample Measurement						0.01	MOL	0	HOURLY	GRAB
STORET No. 50060 1 Mon.Site No. EFD-01-36118	Permit Measurement						0.01 (Max.)	mg/L		Hourly	Grab
Nitrogen	Sample Measurement				2.61	.98		mar	0	CALCULATED	RAA
STORET No. 00600 Y Mon. Site No. EFD-01-36118	Permit Measurement			337	3.0 (An.Avg.)			mg/L as N		Calculated	Rolling Annu. Avg. 1
Nitrogen	Sample Measurement				2.2	MODI=9	4-8	M6-2	0	WETKIN	
STORET No. 00600 1 Mon.Site No. EFD-01-36118	Permit Measurement				3,75 (Mo.Avg.)	4,5 (Week.Avg.)	6.0 (Max.)	mg/L as N		Weekly	16-hour FPC
Phosphorus	Sample Measurement				0.49 c	.53		MLL	0	CALCULATED	1
STORET No. 00665 y Mon. Site No. EFD-01-36118	Permit Measurement				1.0 (An Avg.)			mg/L as P		Calculated	16-hour FPC
Phosphorus	Sample Measurement				0.49	X60 DI= 9	0,70	MEL	0	WEEKLY	24 HLFPC
STORET No. 70507 1 Mon. Site No. EFD-01-36118	Permit Measurement				1.25 (Mo.Avg.)	1.5 (Week.Avg.)	2.0 (Max.)	mg/L as		Weekly	16-hour FPC
Oxygen, Dissolved (DO)	Sample Measurement				6.7			M6L	0	DATLY	GRAB
STORET No. 00300 1 Mon.Site No. EFD-01-36118	Permit Measurement				5.0 (Min.)			mg/L		Daily	Grab

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FL0034789-002-DWIP DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

Parameter		Quantity	or Loading	Units	Qua	ality or Concenta	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.721	b.787	MED					0	CONT	RIGHEN
STORET No. 30050 1	Permit Measurement	0.900 (AADF ²)	Report (Mo.Avg.)	mgd						Continuous	Flow Meterso Totalizers
Mon Site No. EFD-01-36118 Flow	Sample Measurement	Visite I	0.720	MOD					0	Montthey	RAA
STORET No. 50050 Y Mon.Site No. EFD-01-36118	Permit Measurement		Report (Ann.Avg.)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg.
CBOD5	Sample				300			war	0	MONTHM	16 H GRAN
STORET No. 80082 G Mon.Site No. INF-01-36119	Measurement Permit Measurement				Report (Mo,Avg.)			mg/L		Monthly	16-hour FP
TSS	Sample Measurement			Ţ	330			MEL	0	Marther	164-684E
STORET No. 00530 G Mon.Site No. JNF-01-36119	Permit Measurement				Report (Mo.Avg.)			mg/L		Monthly	16-hour FP
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Sample Measurement								-	8 1	1
· · · · · · · · · · · · · · · · · · ·	Permit Measurement					:			+	<u> </u>	
	Sample Measurement								 		<u> </u>
	Permit Mea surement					<u> </u>		ļ	-		
	Sample Measurement					 		ļ			
	Permit Measurement										
	Sample Measurement							<u> </u>	-		<u> </u>
	Permit Measurement						<u> </u>	<u> </u>	-		
	Sample Measurement								-		-
	Permit Measurement							J		<u> </u>	

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS:

Mid-County Services, Inc.

200 Weathersfield Ave.

Altamonte Springs, FL 32714

PERMIT NUMBER:

MONITORING PERIOD From:

DISCHARGE POINT NUMBER:

[1-1-6] Final Minor

FL0034789-002-DW1P

To: REPORT: GROUP: TOXICITY

LIMIT: CLASS SIZE:

PLANT SIZE/TREATMENT TYPE: E

B D001

WAFR SITE NO.:

14595

FACILITY: LOCATION:

Mid-County WWTP 2299 Spanish Vista Dr.

Palm Harbor, FL 34668

COUNTY:

Pinellas

DMR date: 2/00

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Routine)	Sample Measurement				7/00%			PERCET	0	B= mont ty	Spoketyre
					1000 E.A.			TE COM		Mark and the	Se Permi V
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement				NODE: 9			PERCENT	0		
(Stonen stylespanier of several	Name and				1110					Additional Section 1997	S Perous
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement		Colored and a series of the series of	de la companya de la	NODI=9			PERCET	0		
15:29 J7(). NOEL STATRE 7 DAY CHRONIC	Remuil Mesticaent Sample				(Olar)			Percent#		SAUdulona SELECTIONIVE	
Pimephales promelas (Routine)	Measurement Permus			Complete Constitution	7/00%	Non-radi III istorial ilinitales	Balda Parahasa as as as as as a	PERCENT	0	12.	24 Pa Coup
NOEL STATE 7 DAY CHRONIC	Ye succession				(Lythy)		27.2			ēB¦-montily,	Control Control
Pimephales promelas (Additional)	Measurement		Particular Section Sec	Cabara Cabara	NODI = 9	les Panels Faire Siese	Entered Section (IV)	Arcu T	()	WANTED THE STATE OF THE STATE O	2008: Sad Damies Is
NOFL STATE 7 DAY CHRONIC	Mesurement Sample				###(OLO)###			Second Second	100000000000000000000000000000000000000	X	
Pimephales prometas (Additional)	Measurement	100 100 100 100 100 100	and the latest the same and	N/Amizsianis mili	X100I=9			Pur en T	<u>(</u>)	Marie Andrews	100 Per 12 Per 1
A STATE OF THE STA	Parinte				i vija v			Percel			Market Neurole

^{*} If a second definitive test is required, enter the result in an empty row.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

	.,			
THE PERSON OF THE PROPERTY OF THE PROPERTY OF A PRINCIPLE A CENT	CICKLATHOR OR DOING	CIBAL EVECUTIVE OFFICED OF AUTHOR	TO THE ACCUSE TO THE REPORT AND	DATE (VVA4MID)
The second control of	1. 0			1
CEAD PLANT OPERATOR.	Del &	Hostetler	727-281-2978	01-11-20

^{**} Enter NODI=9 in the results column if no discharge occurred during the reporting period. Enter NODI=9 in the results column if no definitive tests are required.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Mid-County Services, In.

200 Weathersfield Ave. Altamonte Springs, FL 32714 PERMIT NUMBER: MONITORING PERIOD From: FL0034789-002-DW1P

LIMIT:

CLASS SIZE:

11-1-01

Minor

В

To: REPORT: Ambient

Monitoring Domestic 14595

FACILITY: LOCATION: Mid-County Services, In.

2299 Spanish Vista Dr nue Palm Harbor, FL 34668

PLANT SIZE/TREATMENT TYPE DISCHARGE POINT NUMBER:

D001: Ambient Monitoring

GROUP: WAFR SITE No.: at Outfail

DMR Date: 02/00

Parameter			Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.46			5.0	0	QUARTERLY	GRAB
STATE OF STA	Demic Necrosors		(February)		/61	3011		6 Ourtage	(e())
DISSOLVED OXYGEN	Sample Measurement		9-72			MGZ	٥	QUAKTERLY	GLAB
NVAYODBARI								Ountrile Section 1	Craba
TEMPERATURE	Sample Measurement		24-8			°C	O	QUINCTERM	6143
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Fecal Coliform	Sample Measurement		6.0			Foom	0	QUARRAY	6R4B
STARTON CALLED AND AND AND AND AND AND AND AND AND AN			SECRETARIA SER			11/100mL		CITATO	/emit
Total Coliform	Sample Measurement		20.0			Tooms	0	Quartery	GRAG
TOTAL CONTROL OF STREET	TRANCE STATE		Alex Report Services			#/100mL*		100 TEIL	(Grl)
Turbidity	Sample Measurement		0.5			NTUS	Č	QUALTERY	GR4B
STATE OF STA	A PERSONAL PROPERTY.		10 Read 1					Section 10-11	9,715

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAMF/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
LEAD PRINT OPERATOR.	Doul & Hostetler	727-791-2915	01-11-20

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400 FACILITY NAME: Mid-County WWTP

PERMIT NUMBER: FL0034789-002-DW1P

DISCHARGE POINT NUMBER: D001 – Ambient Monitoring at Outfall

FACILITY NAME: Mid-County WWTP MONTH/YEAR: メクソ みのり

WAFR SITE No.: 14595

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
TOTAL SUSPENDED SOLIDS	Sample Measurement				22.0			MGL	0	Quarterin	GRAB
2.4/4/1/1/2/67	Repulled Manufacture				Reich			TD 74			(1)
BOD, CARBONACEOUS	Sample Measurement				< 2.0			MGZ	0	GUALTERM	6R4B
STATE OF THE STATE	Region (Section)				Replie			ame _l t.		(0) II GIV	(Snb)
TOTAL KJELDAHL NITROGEN	Sample Measurement				1.20			MbL	O	Quartery	GRAB
-10101010101010101010101010101010101010	IVANTE SE		7.7		Report					6.30 mal/	
NITRITE-NITRATE	Sample Measurement								o		
21/2/4012/04/25 21/2/4012/40/24/05/25/25/25/25/25/25/25/25/25/25/25/25/25					17777			SETTE/E		Quinally and	(67)
TOTAL AMMONIA	Sample Measurement	de judicija jež už 14. obejnej tu, manešme i ned	Borgan trial and see reason for extinguishing the		2.0300			Mar	O	Watery	GRAB
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TOTAL PHOSPHORUS	Sample Measurement	And the second s	and the same and t		1.23			Mel	0	SUNCTERLY	GLAB
**************************************	Wessirent			e grane e e	STORE !			TO PER S		េះ ត្បាក់ខ្មែរ	ens.
ORTHO-PHOSPHORUS	Sample Measurement	the to be not a series some of the series of	Se en realiza e di la Cara de la región de la cara de la caracidad de la carac	State of the little of	.942			mar	0	QUACTERY	GRAS
ST 1 (Div V (1005))	Weastrement				S225 (\$25)	25 25 25 1 5 1 5 1	100 100 100 100	100 VII.5			e constant

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Mid-County Services, In.

200 Weathersfield Ave. Altamonte Springs, FL 32714 PERMIT NUMBER:

FL0034789-002-DW1P

11-1-01

To: REPORT: 11-30-01 Ambient

Upstream

Monitoring Domestic

FACILITY: LOCATION: Mid-County Services, In.

CLASS SIZE: PLANT SIZE/TREATMENT TYPE

LIMIT:

Minor

GROUP: WAFR SITE No.:

14595

2299 Spanish Vista Dr.nue Palm Harbor, FL 34668

DISCHARGE POINT NUMBER:

MONITORING PERIOD From:

D001: Ambient Monitoring

DMR Date: 02/00

Parameter Pinellas		***************************************			Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement										
A SAME USANG					Resonsuper	Yesp in	USE PROPERTY.	SAU.		opticate	e il
DISSOLVED OXYGEN	Sample Measurement								iovini na sens		
CEPSELLED AND ACCOMMENSAGE					R anniesmo an	VIII-D-100	all grand lations			(Otticile)	
TEMPERATURE	Sample Measurement										
577 RED V100000 551	112-70177/20	70 H		7.50	एक्ताला है।	Renous /	Report Bottom			e l'el l'est	er o
SALINITY	Sample Measurement					21.00		66/6	0	QUARTERLY	GRAB
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Total Coliform	Sample Measurement					240		FOOM!	0	GUNTERLY	GRAB
2013/18/2015 2013/18/2015 2013/18/2015	PERMITS PROPERTY			iL		Visite in		W/(00)		e coman	
Turbidity	Sample Measurement					j. 0		NTUS	Č	QUARTERLY	6-R07B
Secretary Services	Walls of the second							News		00 (75 4)	6.7

Leertify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (TTIMINIOD)
IEAN PHUT OPERATOR.	12 / GOO' C / 4 / GOOGLE C	727-257-2518	01-11-20
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments he PICASE SEE ENCLOSED SHOETS FOODED NOT ENCLUPE AND DO TENP.	enous CHouce LAB		
DEO NOT FUCLUPE PIA-130. TOUR			
THE REASON FO UNKNOWN.		-	

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400 FACILITY NAME: Mid-County WWTP PERMIT NUMBER: FL0034789-002-DWIP DISCHARGE POINT NUMBER: D001- Ambient Monitoring Upstream

FACILITY NAME: Mid-County WWTP MONTHYEAR: NOV 2001

WAFR SITE No.: 14595

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a	Sample Measurement			2/00	UG-/2	0	COARTERLY	GLAB
TO SVEDICE TO SEE	areannis i e Mariji manana			Yidean 1	ang L		Oterati	
TOTAL SUSPENDED SOLIDS	Sample Measurement			- 22-00	M6-L	0	OWNETEKIN	GRAB
Storida Convergence St	75,315,151			CONTRACTOR			0.174	eir b
BOD ₅ , CARBONACEOUS	Sample Measurement			22.00	MGL	O	Quartery	GRAB
or of the sylphological sylpho				Report AUD Sym	, my/L		9,0 x(615)	
TOTAL KJELDAHL NITROGEN	Sample Measurement			6.799	1461	0	aunctor	GRAS
ATO GENEVA POWAD WAS ASSESSED.				Artist Topic				67.7
NITRITE-NITRATE	Sample Measurement			0,218	mal	0	QUARTERLY	GRHB
##16#EE #16#20065000000000000000000000000000000000				70.50 E	Part VIIV		(Qcalled)	
TOTAL AMMONIA	Sample Measurement			< 0.300	mal	0	Quartery	6RAB
\$1,000 00 00 00 00 00 00 00 00 00 00 00 00				V10-P_211			F.E.O.O.I.E.IVA	
TOTAL PHOSPHORUS	Sample Measurement			0-118	M6 L	0	austeny	61200
24.50.50(51.0).2 24.50.50.57(50).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(5).25(Parista.			Negotia VKEEpi-p	my/s		of the factory of	STORES S
ORTHO-PHOSPHORUS	Sample Measurement			20.500	ubl	0	Quartery	GRAS
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A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

В

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE	NAME:

Mid-County Services, In.

PERMIT NUMBER:
MONITORING PERIOD From:

FL0034789-002-DW1P

21-30-01

14595

MAILING ADDRESS:

200 Weathersfield Ave. Altamonte Springs, FL 32714

LIMIT: CLASS SIZE: Final Minor REPORT: GROUP: WAFR SITE No.:

To:

Ambient Monitoring
Domestic

FACILITY: LOCATION: Mid-County Services, In. 2299 Spanish Vista Dr.nue PLANT SIZE/TREATMENT TYPE DISCHARGE POINT NUMBER:

D001: Ambient Monitoring Downstream

DMR Date: 02/00

LOCATION: 2299 Spanish visia Dr.n

DUNTY: Pinella Parameter					Qu	ality or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
H	Sample Measurement								ue es es es		
1 0 1 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 0 1 0 0 0 1 0 0 0 1 0 0 0 1 0 0 0 1 0 0 0 1 0 0 0 1 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PS no SSS (Vissing men)				Raion strings	Note Dailt	Pergraph (Sin				
DISSOLVED OXYGEN	Sample Measurement										
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SALINITY	Sample Measurement		The state of the s			61.00		06/4	0	QUALTERY	GLAB
78 PRIORISTON OF BUILDING (65 LB)					Specifications	TRACTE TOMPODENTIA	Research Boston			ioffrically	Crownia Crownia
Pecal Coliform	Sample Measurement	<u> </u>				280		II JOONL	0	QUAKTERLY	6-RAB
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Total Coliform	Sample					260		Foone	0	QUACTERLY	6RUB
St. M. M. Shill Co.	Measurement Remin			7.5107			5,300	FIME TO THE		- 00 (C-10)	Garage Control
o No No SWOZUWASZ Turbidity	Sample					0.800		NTUS		QUACTERLY	SRAB
ventario (c. 27 M.C. 27 G.C.)	Measurement					Reput				(0) GG (V. 1)	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	IELEPHONE NO	DATE (11/MI /DD)
		722-752-2578	,

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

PRESCE ENCLOSED SHEETS FLOWERS CHEMECAL LAB

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THE REPASON ES UN KNOWN.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400 FACILITY NAME: Mid-County WWTP

PERMIT NUMBER: FL0034789-002-DW1P

DISCHARGE POINT NUMBER: D001- Ambient Monitoring Downs

FACILITY NAME: Mid-County WWTP MONTH/YEAR: 人のくるの

DISCHARGE POINT NUMBER: D001- Ambient Monitoring Downstream

WAFR SITE No.: 14595

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a	Sample Measurement					C/00		06/6	0	Strittery	6-RIAB
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TOTAL SUSPENDED SOLIDS	Sample Measurement				-	(2.00		W65	0	QUORTERLY	(-RUB)
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BOD ₅ , CARBONACEOUS	Sample Measurement				-	L2.00		mol	0	Courted &	6-RAB
20.50 Hat 2.24, 002101						NEW TOTAL					
TOTAL KJELDAHL NITROGEN	Sample Measurement					0.960		Mer.	0	Quartery Charles	GRAB
SP THE TOTAL SECTION OF SECTION O						New York					
NITRITE-NITRATE	Sample Measurement					0.431	2 20 20 20 20 20 20 20 20 20 20 20 20 20	M64	0	Quaredy 15	GARB
777 X (1974)						115 01					
TOTAL AMMONIA	Sample Measurement				-	20300		MG-C	0	QUINTERY	6-2-01B
11274571567005101						Report VICAL DIE					
TOTAL PHOSPHORUS	Sample Measurement				-	0.460		MG-2	Ò	Supporterly	GLAB
TO SULP IN SEED				1		71007 -6 00	_				
ORTHO-PHOSPHORUS	Sample Measurement			No service and a	Karala karalakin da maka santari sa	20.500		Just	0	Charmen	64.00
The State of		Territoria de la composición dela composición de la composición de la composición dela composición dela composición dela composición dela composición de la composición de la composición de la composición dela composición	Frank and Alexander	A CONTRACTOR		17:37	S-12-38-4-12-4	A STATE OF THE STA			

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DAILY SAMPLE RESULTS - PART B

Permit Number: Mondy Yell Nov 2001

FLA0034789-002-DW1P

Facility Name: Mid-County WWTP

Three-month Average D iily Flow: Daily Flow % of Permit :d Capacity:

	Flow (MGD)	CBODS (mg/L)	TSS (mg/L) GRAB	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	TRC (For Dechlorinat.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolv d Oxyge (DO) (mg/L	CBOD5 (mg/L)	TSS (mg/L
Code	50050	80082	00530	00530	00400	74055	50060	50060	00600	00665	0030C	80082	0053
10n. Site	EFD-01	EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01	EFD-0	INF-01	INF-0
1	.693		1.0		7.4-7.0	<	2.7	0.01	· · · · · · · · · · · · · · · · · · ·		7.0		
2	.736		1.0		7-2- 7-0	<1	2.8	0.01			6.7		
3	711		_		20. 68	_	4.5	0-01			6.8		
4	.723				21-69	-	3-2	D-6 (7-6		
5	691		1.0		7-0-67	41	5.0	0.01			7.0		
6	.753		1.0		21-69	41	3.6	0.01			7-0		
7	.831	2.0	1.0	1.0	70-67	41	5-0	0.01	4.8	. 16	7.2	300	33
8	.858		1.0		68-67	41	5-0	0-01		1.7.6	7-0	300	حد
9	824		1.0		70-68	<1	3-7	0.01			6-8		
10	.883				71-69		4.2	0.01		<u></u>	6.7	ı	
11	. 853		~		7.2-7.0	-	5.0	0.01			7-8	;	
12	.883		1.0		21-63	c1	3.5	0.0(7.0		
13	815		1.0		21-69	21	2-6	0-01			 		
14	.847	2-0	1.0	1.0	7-1-69	21	4.3	0.01	.79	-37	7-6		ļ
15	.863		1.0		71-69	< 1	3.8	0.01	- / /	137	7.0		
16	.882		1.0		71-63	<1	2.4	0.01			7.0		
17	811		-		20-63		3.5	0-01			6.8	ļ	
18	.854		-		71-69		5.0	0-01			6.8 7. C		
19	,869		1.0		7-2-6-5	<1	5.0	0.01			7.0		
20	. 879	2.0	1.0	1.0	7.0-69	<1	4.3	0-01	1-6	. 70	7.0		
21	756		1-0	1	7-1-69	<i>a</i> (4.9	0.01	₹D4		7-1		
22	. 125		1.0	1	7-1-6-3	<1	4-3	0.01	* "		7.2-		
23	.140		1.0		21. 6.5	61	3-8	061			7-6		
24	. 750		-		7.0-6.8		3.5	0.01			7.3		
25.	.703		_		70-68		3.7	0.01					
26	.720		1.0		76-68	CI	1.3	0-01			7-4		
27	.758		1.0	 	72-7-0	<u> </u>	1.9	·			7.0		
28	.770	2.0	1-0	1-0	21-7.0	21	3.3	0-01	1 67		7-(,		
29	.716		1-0		21-69			0.01	1-8	. 0.2	7-c		
30	725		1.2	 	7-1 69		3.6	0.01			7-6		
31				 	15 6 J		17.6	0.01			7-6		

PLANT STAFFING:				B 12018		TW D GEVAL	auties.	
Day Shift Operator Evening Shift Operator	Class; Class;		Certificate No: Certificate No:	8.8035	Name:		foste tier.	
Night Shift Operator	Class:		Certificate No:	(8954. ASI)	Name: Name:	1-burnes 3 Acque	CHL ZALPAS	sorce.
Lead Operator Type of Effluent Disposal or Re	Class:	Water Reuse:	Certificate No:	13 8035	Name:	Don DE	HOSTETC	€.Z.
Limited Wet Weather Discharge	Activate	d: Yes: No			E(C.	vet weather	7.10	
discharge:				,,	,		<u> </u>	

*Attach additional sheets if necessary to list all certified operators.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS:

Mid-County Services, Inc.

200 Weathersfield Ave.

Altamonte Springs, FL 32714

PERMIT NUMBER:

MONITORING PERIOD From:

LIMIT: CLASS SIZE:

PLANT SIZE/TREATMENT TYPE:

DISCHARGE POINT NUMBER:

FL0034789-002-DW1P

В

D001

10-1-01 Final Minor

To: REPORT: GROUP:

12-31-01 Monthly

Domestic

14595

FACILITY: . LOCATION:

Mid-County WWTP

2299 Spanish Vista Dr. Palm Harbor, FL 34668

COUNTY:

Pinellas

THREE MONTH ROLLING ADF:

% OF PERMITTED CAPACITY

WAFR SITE NO.:

DMR date: 2/00

Parameter		Quantity or Loading		Units	Qua	Units	No. Ex.	Frequency of Analysis	Sample Type		
CBODS	Sample Measurement				2.1	·		Mal	0	CALCULATED	RAA.
STORET No. 80082 Y Mon.Site No. EFD-01-36118	Permit Mensurement			કે. કું પ	5.0 (An.Avg.)		•	mg/L		Calculated	Rolling Annual
CBOD5	Sample Measurement	,			2.0	NODI : 9	2.0	Mal	0	WEEKLY	ZYMFPC
STORET No. 80082 1 Mon. Site No. EFD-01-36118	Permit Measurement				6.25 (Mo.Avg.)	(Wcek.Avg.)	10.0 (Max.)	mg/L	<u> </u>	Weekly	16-hour FPC
TSS	Sample Measurement	······································	·		141.	4 de	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	M6-l	0	CALCULATED	RAA
STORET No. 00530 Y Mon.Site No. EFD-01-36118	Permit Measurement	7		4年3月春日	5.0 (An.Avg.)			mg/L	<u> </u>	Calculated	Rolling Annual
TSS	Sample Measurement		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		1.5	XIODI = 9	.2.0	ME	0	WEEKLY	DUIL FPC
STORET No. 00530 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Permit Measurement				6.25 (A)		(Max.)	mg/L		Weekly	16-hour FPC
TSS	Sample Measurement						1.8	MCZ	0	SDWK	GRAB
STORET No. 00530 B Mon.Site No. EFB-01-36383	Permit Measurement			養養生		Partition.	5.0 (Max.)	mg/L	<u> </u>	7 Days/Week	Gmb
pH	Sample Measurement		The second secon	ALC: NO.	6-4	top to stage guitaging in the en	7· J_	5.0	0	(6.)	METER
STORET No. 00400 1 Mon. Site No. EFD-01-36118	Permit Measurement						8.5	S.U.		Continuous	Meter

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete, cath aware that more are significant possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
DUMANDE HOSTETIEN. LEAD PONT OPERATOR.	Voudel & Hostellie	727-787-1928	07-01-18

Jan 18 02 12:12k

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Mid-County WWTP PERMIT NUMBER: FL0034789-002-DW1P

MIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

Month/Year: DEC 200 Parameter		Quantity	or Loading	Units	Qua	ality or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Typ
Fecal Coliform Bacteria	Sample Measurement				21		13	FOOM	0	5 DWK	GRAB
STORET No. 31615 1 Mon. Site No. EFD-01-36118	Permit Mea surement				Non Detectable (75 Percentile)		25 (Max.)	#/100mL		5 Days/Week	Grab
TRC for disinfection	Sample Mea surement				1.3			NGZ	0	HOURLY DH	meter.
STORET No. 50060 A Mon. Site No. EFA-01-36356	Permit Measurement				1.0 (Min.)			mg/L		Continuous	Meter
TRO for dechlorination	Sample Mea surement						0.01	mar	U	Hockey	GRAB
STORET No. 50060 : : : : : : : : : : : : : : : : : :	Permit Measurement	V.					0.01 (Max.)	mg/L		Hourly	Grab
Nitrogen	Sample Measurement			1.8	ory 8 11	APP		MGZ	0	C AUCCOTES	RAA
STORET No. 00600 Y Mon. Site No. EFD-01-36118	Permit Measurement				3.0 (An Avg.)			mg/L as N		Calculated	Rolling Armu Avg. 1
Nitrogen	Sample Measurement				1.0	NODE=9	2.7	MGZ	0	WEEKLY	24 HFPC
STORET No. 00600 1 Mon.Site No. EFD-01-36118	Permit Measurement				3.75 (Mo.Avg.)	4,5 (Week Avg.)	6.0 (Max.)	mg/Las N		Weekly	16-hour FPC
Phosphorus	Sample Measurement				,5%.5	7 @		MGZ	a	(ALWATER)	ZYKIFPC
STORET No. 00665 y Mon. Site No. EFD-01-36118	Permit Measurement				1.0 (An.Avg.)			mg/L as		Calculated	16-hour FPC
Phosphorus	Sample Measurement				.78	NODE = 9	1.5	M62	0	WEEKLY	24/2FPC
STORET No. 70507 1 Mon.Site No. EFD-01-36118	Permit Measurement			:	1.25 (Mo.Avg.)	1.5 (Week.Avg.)	2.0 (Max.)	mg/L as		Weekly	16-hour FPC
Oxygen, Dissolved (DO)	Sample Measurement				6.7			MEL	0	Darry	6F.AB
STORET No. 00300 1 Man.Site No. EFD-01-36118	Permit Measurement				5.0 (Min.)			mg/L		Daily	Grab

02

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Mid-County WWTP MONTH/YEAR: DEC 2001

PERMIT NUMBER: FL0034789-002-DWIP DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

Parameter		Quantity or Loading		Units	Qu	Units	No. Ex.		Sample Type		
Flow	Sample Measurement	.720	690°°	MAD					0	ComT	Flanchette
STORET No. 50050 1 Mon.Site No. EFD-01-36118	Permit Measurement	0.900 (AADF ²)	Report (Mo.Avg.)	mgd					: 19	Continuous	Flow Meters Totalizer
Flow	Sample Mea surement		-720°04	MED					0	Montay	RAA
STORET No. 50050 Y Mon.Site No. EFD-01-36118	Permit Measurement		Report (Ann.Avg.)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg
CBOD5	Sample Measurement				420			Mal	0	MONTHLY	16 Hu Geo
STORET No. 80082 G Mon.Site No. INF-01-36119	Permit Measurement				Report (Mo.Avg.)			mg/L		Monthly	16-hour FP
TSS	Sample Measurement				400			MG2	0	Month	1612 Oct
STORET No. 00530 G Mon. Site No. INF-01-36119	Permit Measurement				Report (Mo.Avg.)			mg/L ,		Montily	16-hour PP
	Sample Measurement										
	Permit Measurement										
	Sample Measurement										
	Permit Measurement	į									
	Sample Measurement						3				
	Permit Measurement							٠,٠			
	Sample Measurement										
	Permit Measurement										
	Sample Measurement					ų ir					
Rolling Annual Average is the average	Permit Moasurement						·				

DAILY SAMPLE RESULTS - PART B

ermit Num onth/Year		FLA00347	89-002-D	WIP	Facilit	y Name: Mi	d-County W	WTP		Three-month A Daily Flow %		1104.	717 80%
	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform	TRC (For	TRC (For	Nitrogen (as N)	Phosphorus (as P)	Dissolved Oxygèn	CBODS (mg/L)	TSS (mg/L)
i		ľ	1 :	1 1		Bastesia	Disinfort	D	(/1 \	1 / 0 \	(00)	I.	i

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	TRC (For Dechlorinat.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00530	00400	74055	50060	50060	00600	00665	00300	80082	00530
Mon. Site	EFD-01	EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01	EFD-01	INF-01	INF-01
. 1	.702		_		7.2-6-8		.′OI	2.7			7.0		
2	.702		~		71-68	_	.01	3.6			7-6		
3	.643		1.0		71-69	13	.01	3-6			7-0		
4	· 674		1.0		7./- 69	41	. 01	3-0			7.0		
5	646		1-0		10-68	< 1	.01	3-6			7.0		
6	.715	2.0	1.6	2.0	21-6.7	<u> </u>	.01	1.3	2.7	1.3	7.6	420	400
7	.675		1-0		70-68	<u> </u>	:01	2.3			7-0		٠
8	748				7.2-68	~	.01	2.7			7.0		
9	-725		-		7.1 - 7.0		.01	4-6			7.9		
10	.702		1.0		76-68	<u>دا</u>	.01	5-0	<u></u>		7.0		
11	746		1.0		71-69	<1	.01	4.2			7.5	,	
13	. 668	2-0	1.8	2-0	7.2-7.0		.01	a-9_	<u> </u>		6.8		ļ
14	.697	· ·	1.0		7-1 - 7-0		.01	3.2	.38	1.5	6-7		
15	660		1-0		21-69		.01	2.8	ļ	ļ	6.8	<u> </u>	<u> </u>
16	.701				70-65		.01	5-0			7.6		ļ
L	701		_		70-68		.01	4.2			6.8	<u> </u>	
17	1786	ļ	1.0		7.0-68		.01	4.3			6.8	ļ	ļ
18	.693		1.0		21-68		.0(4.2			6.7	<u> </u>	
20	798	2-0	1.0	1-0	70-65		.01	5-0	.15	.31	6.8	<u> </u>	
21	. 593		1-0	ļ	10.68		.01	4.2			6.8	 	<u> </u>
21	1671	ļ	1-0		7.0-6.8	21	.01	3.2-	 		6.5	 	
23	692	<u> </u>	<u> </u>		7.0-6.8		.01	4.2	4	<u> </u>	6.8	 	1
23	-714	 	1	 	68-64		101	4.1	1	ļ	6.2		
25	.623	-	1.0		24-68	21	.01	4-7			7-6	 	
26	-689	ļ	1.0	ļ	7-0-68	<u> </u>	.01	5-0			7-6	1	
27	-651	ļ	1.0		71-6-8		-6-1	1.Y.2	<u> </u>		7.2	 	
27	664	2.0	1-0	1-0	70 65		.01	4.0	.87	50.	7.1	 	
I	-714	ļ	1-6	<u> </u>	7.0-67	<u> </u>	.01	3.7			7-0	<u> </u>	
29 30	.724	-		 	7.1- 6-8		-01	3.5	ļ		7-1	_	
	.773	 	1-	<u> </u>	7-1 6-8		.01.	5.0		ļ	6-8		ļ
31	.688	·	1.0		65-64	61	-01	2.0			6.8	1	

NI ANTERTATION				B12018 A	2772	~	WELKUZ.	MOTT
PLANT STAFFING:		O 0		013013 11	21.	Donato	CO Department	GUNHER.
Day Shift Operator	Class:	K+B+A	Certificate No:	B. 803 5	Name:	Danol &	4/05:01	
Evening Shift Operator	Class:	C+ 4)	Certificate No:	CSBY ASIZ	Name:	HOUND 3 ALDE		30 H~>
Night Shift Operator	Class:	HA-	Certificate No:	MA	Name:	2//		
Lead Operator	Class:	\mathcal{B}	Certificate No:	B. 8035	Name:	DOWNE	HOSTETCEL	
Type of Effluent Disposal or	Reclaimed	Water Reuse:	CUR	un cree	ic .			
Limited Wet Weather Disch	arge Activas	ed: Yes: No	: Not Applicable	le: If yes, cumulativ	e days of	wet weather	11/19	
discharge:				•	•			

*Attach additional sheets if necessary to list all certified operators.

Feb 26 02 03:15p

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Complete mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

FL0034789-002-DW1P PERMIT NUMBER: PERMITTEE NAME: Mid-County Services, Inc. 1-1-02 MONITORING PERIOD From: 200 Weathersfield Ave. MAILING ADDRESS: Monthly REPORT: Final LIMIT: Altamonte Springs, FL 32714 Domestic GROUP: Minor CLASS SIZE: В PLANT SIZE/TREATMENT TYPE: 14595 WAFR SITE NO .: DISCHARGE POINT NUMBER: D001 Mid-County WWTP FACILITY: . 2299 Spanish Vista Dr. LOCATION: % OF PERMITTED CAPACITY THREE MONTH ROLLING ADF: .. Palm Harbor, FL 34668 DMR date: 2/00 Pinellas . COUNTY:

Parameter		Quantity or Loading		Units	Qua	Units	No. Ex.	Frequency of Analysis	Sample Type		
CBOD5	Sample				2.12			Mal	0	CALCULATED	
STORET No. 80082 Y	Measurement Permit Measurement		3 NO. 12	हें के व	5.0 (An.Avg.)			mg/L		Calculated	Rolling Annual Avg. ¹
Mon.Site No. EFD-01-36118 CBOD5	Sample Measurement				2.0	X602= 9	2.0	Mac	٥		SHAFPC
STORET No. 80082 1	Permit Measurement	,		1.25	6.25 (Mo.Avg.)	(Week.Avg.)	10.0 (Max.)	mg/L	N	Weekly	16-hour FPC
Mon.Site No. EFD-01-36118	Sample Measurement				1.2			MGL	0	CALCULATED	R.AA.
STORET No. 00530 Y Mon.Site No. EFD-01-36118	Permit Measurement	7	3196357323	ig all the	5.0 (An Avg.)	AND BEET TO		mg/L		Calculated	Rolling Annual Avg.
TSS	Sample Measurement	***			1.08	NODF= 9	1.4	MGZ	0		ZYAFAC
STORET No. 00530 1. 1. Mon. Site No. EFD-01-36118	Permit Measurement		13.44.4	學物學	் 6.25 (Mo.Avg.)	7,5 (Week Avg.)	10.0 (Max.)	mg/L	inde (Weekly	16-hour FPC
TSS	Sample Measurement						2.226		0	5 Duk	GRAB
STORET No. 00530 B Mon. Site No. EFB-01-36383	Permit Measurement			激多识		第 8 7 10 · 4 10	5,0 (Max.)	mg/L	16.3	7 Days/Week	Grab
pli	Sample Measurement				6.5		7. 3	S.U	0	Court	METER.
STORET No. 00400 1	Permit Measurement	*** **	14.22		6.0 (Min.)		8.5 (Max.)	S.U.	1. K	Continuous	Meter

¹Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
CEAD Put Obita Dan Hosterlan	Over & Hostellie	721-287-1928	02-01-28

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Mid-County WWTP

PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: **D001**

WAFR SITE No.: 14595

Month/Year: DAN 2000 Parameter		Quantity	or Loading	Units	Qua	Quality or Concentration				Frequency of Analysis	Sample Typ
Feeal Coliform-Bacteria	Sample				-(-)		CI	Toom to	0	5 Rul	GHB
STORET No. 31615 1 Mon. Site No. EFD-01-36118	Measurement Permit Measurement				Non Detectable (75 Percentile)		25 (Max.)	#/100mL	7	5 Days/Week	Grab
TRC for disinfection	Sample Measurement				1.2			Mal	0	Hoveny	METER
STORET No. 50060 A Mon. Site No. EFA-01-36356	Permit Measurement				1.0 (Min.)			mg∕L		Continuous	Meter
TRC for dechlorination	Sample Measurement						0-01	mor	0	House	GRAB
STORET No. 50060 1 Mon. Site No. EFD-01-36118	Permit Measurement			av X			0.01 (Max.)	mg/L	() 	Hourly	Grab
Nitrogen	Sample Measurement				1-6			MOL	0	(Alcutos)	R-AP
STORET No. 00600 Y	Permit Measurement				3.0 (An.Avg.)			mg/L as N		Calculated	Rolling Arm Avg ¹
Nitrogen	Sample Measurement				1.37	NOTE = 9	3.3	mor:	0	WEEKY	24 B-FPC
STORET No. 00600 1 Mon.Site No. EFD-01-3611B	Permit Measurement				3.75 (Mo.Avg.)	4.5 (Week.Avg.)	6.0 (Max.)	mg/L as N		Weekly	16-hour FP
Phosphorus	Sample Measurement				.62			mal	0	CAlcuto	ZYMPP
STORET No. 00665 y Mon.Site No. EPD-01-36118	Permit Measurement				1.0 (An.Avg.)			mg/L as		Calculated	16-hour FP
Phosphorus	Sample Measurement			DH	4.8 7	1000 = 9	1.3	Mor	0	WEFRY	LYKARC
STORET No. 70507 1 Mon Site No. EFD-01-36118	Permit Measurement				1.25 (Mo.Avg.)	1.5 (Week.Avg.)	, 2.0 (Max.)	mg/L as		Weekly	16-hour FP
Oxygen, Dissolved (DO)	Sample Measurement				6-7			Mai	6	Dosacy	GluB
STORET No. 00300 1 Mon. Site No. EFD-01-36118	Permit Measurement				5.0 (Min.)		4.1	ong/L		Daily	Grab.

15p

02

ep

FACILITY NAME: Mid-County WWTP MONTH/YEAR:

PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

Parameter	Quantity or Loading Units Quality or Concentration			ation	Units	No. Ex.	Frequency of Analysis	Sample Type			
Flow	Sample Measurement	.720	.738	MGD				ひゃてら	o	aut	Ferrer
STORET No. 50050 1 Mon Site No. EFD-01-36118	Permit Measurement	0.900 (AADF ²)	Report (Mo.Avg.)	mgd						Continuous	Flow Metersa Totalizers
Flow	Sample Measurement		.720	MAD				د جعصی	6	Monther	RAA.
STORET No. 50050 Y Mon.Site No. EFD-01-36118	Permit Measurement		Report (Ann.Avg.)	mgđ						Monthly Calculation	Calculation (Rolling Annual Avg ¹¹
CBOD5	Sample Measurement				350			MIL	0	Morathy	16Ha Cot Cass
STORET No. 80082 G Mon.Site No. INF-01-36119	Permit Measurement				Report (Mo,Avg.)			mg/L		Monthly 0	16-hour FPC
TSS	Sample Measurement				660			Mar	٥	Marting	
STORET No. 00530 G Mon. Site No. INF-01-36119	Permit Measurement				Report (Mo.Avg.)			mg/L		Monthly	16-hour FPC
Models to the second se	Sample Measurement							ļ.,			
	Pennit Measurement			<u></u>							
	Sample Measurement										
	Permit Measurement										
	Sample Measurement							-			
	Permit Measurement								ļ		
	Sample Measurement								<u> </u>		

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.

Permit Mea surement Sample Measurement Permit Measurement

DAILY SAMPLE RESULTS - PART B

Permit Number Month/Year: DAN 2002

F1.A0034789-002-DW1P

Facility Name: Mid-County WWTP

Three-month Average D ity Flow: 73 8
Daily Flow % of Permitt d Capacity: 92%

(MGD) (mg/L) (mg		Flow	CBOD5	TSS	TSS	pH	Fecal	TRO						0210
Code S0B55 S0082 O0530 O053	ł	(MGD)		ı	1	1 -		TRC	TRC	Nitrogen	Phosphorus	1	CBOD5	TSS
Gear Gear Fig. Gridom							Bacteria	Disinfect.)					(mg/L)	(mg/L)
Code 50930 80082 90330 00330 00330 00400 74655 50960 50960 00600 00665 00300 80082 00330 Non. Site EPD-01 EFD-01	<u></u>			GRAB	Comp	u - 1	(#/100ml)	(mg/L)	(mg/L)	-	, , ,			
Mon. Size EFP-01 EFP-01 EFP-01 EFP-01 EFP-01 EFP-01 EFP-01 EFP-01 EFP-01 FP-01 NR-01 CTY	Code	50050	80082				74055	50060	50060	00600	00665	00300	80082	00530
2 786 2.0 1.6 1.0 2.263 21 5.0 6.0 1 7.7 7.7 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.7 1.3 7.3 7.3 7.3 7.3 7.3 7.3 7.3 7.3 7.3 7	Mon. Site	EFD-01	EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01			
1		.674		1.0		7.1 - 6.8	21	5.0	0.01					
1- 1- 1- 1- 1- 1- 1- 1-		.786	2.0	1.6	1-0	70168	<u> </u>	2-8		. 43	2 7			
1.0		.741		1.0		10-6-8	<1	2.4	0-01					
10		.744		1.0		7.1 / 6-7	C1		0.01					
1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2						7.1-6.7	-	٧.عـ	0-01					
1721	1					1.2/6.8		1.4	0-01					
10	1			1-0		7.0/6.}	<u> </u>	2.5	0.01					
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11	L		2.0	1.0	1.0	6.9-65	C1	2.5	0-01	3.3	.93			
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	L			1.0		7.0/64		1.2	0.01				350	660
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	L			1.0		69-6-7	~	2.0	0.01					
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	1			ļ		69/67		3-0	0-0 (
177			ļ			7.3-68	* -	5-0	0.01					
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	L		ļ	2.2		20-6.9		4.4	0.01					
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			<u> </u>	1-0		7.1-6.3	<u> </u>	3.7	0.0(7-0		
18 9 6			2.0	1.7	1.4	7.1-6.7	41.	1.7	0-01	1.7	. 88	7.2		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	iL [-		1.0		7.1 - C.8	<1	1.5	0-01			7-1		
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	L			1-0		7.0-6.7	<1	2.4	0-01					
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						70-67		4.5	0-01					
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	L			-		7.0-6.8	_	a -6	0.01					
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						7.0 - 6.7	<1	1.3	0.01					
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			2-0	1-0	1-0	2.1~6.7	<u> </u>	1.3	0-0{	.77_	1.3			
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	<u> </u>					2.0-6.7	C1	5-0	0-01			6-8		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	L			2.2		21163		4-8	0-01			67		
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						20-17	C 1	4.2	0-01					
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$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	i			10		2016.7	۷١	2.0	0-01					·
$\frac{31}{31}$ $\frac{314}{34}$ $\frac{3}{10}$ $\frac{3}{1$				1.0		7.0-6.7	<1	3.3	0.01					******
* 1254	- 31		2-0	1.0	1-6	206.7		2-9	0.01	.73	1-0			
# 277) ### (L. # 164)		.754		1-0		70167	< 1		0.01			7-0		***********

T I									-	 4
PLANT STAFFI Day Shift Operate Evening Shift Operate Lead Operator Type of Effluent Limited Wet Wet	or erator ator Disposal or Re	Class: Class: Class: Class: claimed	C+ P V Ar B Water Reuse	Certificate No: Certificate No: Certificate No: Certificate No:		Name: Name: Name: Name:	Dano Deno Deno Deno Deno Deno Deno Deno De	Repuir	6 mus	<u></u>
nscharge;				• • •	e: If yes, cumu	ative days of w	et weather	104		 _
Attach additions	sheets if nece	ccom, to 1	San - 11							

sheets if necessary to list all certified operators.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

2.28-02 FL0034789-1412-DWIP PERMIT NUMBER: To: Mid-County Services, Inc. MONITORING PERIOD From: Monthly PERMITTEE NAME: REPORT: Final 200 Weathersfield Ave. MAILING ADDRESS: Domestic LIMIT: GROUP: Minor Altamonte Springs, FL 32714 CLASS SIZE: PLANT SIZE/TREATMENT TYPE: В 14595 WAFR SITE NO.: DISCHARGE POINT NUMBER: D001 Mid-County WWTP FACILITY: CAPACITY % OF PERMITTED 2299 Spanish Vista Dr. THREE MONTH ROLLING ADF: DMR date: 2/00 LOCATION: Palm Herber, FL 34668 Pinellas COUNTY:

Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	ition	Units	No. Ex.	Analysis	
			1					MGL	0	CALCULATED	RAA
BODE	Sample Measurement				3.0			mg/L		Calculated	Rolling Arms
CORET No. SOOR2 Y	Permit . Measurement				(An.Avg.)					WEEKLY	JYH FPC
fon.Site 110, 12, 15-01-36118	Sample			? 	2.0	HODE= 9	2.0	MGL	0	Weekly.	1 16-hour (**)
TORET No. 50082	Measurement Permit				6.25 (Mo.Avg.)	7.5 (Week Avg.)	10.0 (Max.)	mg/L			.
fon.Site No. EFD-01-36118	Measurement Sample					(1,000.5.62		M6-2	0	CALCULATED	REA
88	Measurement			ļ	1.13	 		mg/L	1	Calculated	Rolling Ann
TORET No. 00530 Y Mon.Site No. EPD-01-36118	Permit Measurement	*		1.444.73	(An.Avg.)					WEEKLY	24 Heft
SS	Sample				. 68	NODE = 9	1.0	MG-L mg/L	0	Weekly	16-hour FF
FYORET No. 00530 (17	Measurement Permit				6.25 (Mo.Avg.)	(Week Avg.)	10.0 (Max.)	IIIBC	1 44	The state of the	1
Zon.Site No. EFD-01-36118	Measurement Sample			51.55 NGT - 3	W. (MOLITED)		3.8	MGL	0	50WK	GLAB
TSS	Measurement		# 1 1 1 A		ungs selfter und	nother field	5.0	mg/L		7 Days/Week	Grao
TORET No. 00530 B Mon.Site No. EFB-01-36383	Permit Measurement			#.K	3		(Max.)	- ·	٠	(ON Peny S	METER
oll	Sample Measurement				6.5		7-2	S. U.	0	C-dimension	Meter
STORET No. 00400 1 Mon. Site No. EFD-01-36118	Pennit Measurement				6,0 (Min.)	THE PARTY OF	8.5 (Max.)	S.U.	7.5	Conumbus	A Marie Marie

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

Lecrtify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the to want information is true accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

	· · · · · · · · · · · · · · · · · · ·		0 0 4 TH (V/V/XXXX/INIX)
OFFICER OR ALITHOPIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEFITOTE	
		127-187-7928	02-03-23
DON HOSTETIER WAD PLUT OPERATOR	I proced (Hosteller	/2.	
DON HOSTETIES LETTO FLAG			

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DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: **D001**

WAFR SITE No.: 14595

ACILITY NAME: Mid-County WWTP ONTH/YEAR: FEB 2002 Parameter		Quantity	or Loading	Units	Qua	ality or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Ty
Flow	Sample Measurement	.719	.741	M6-D				55-71 7 3	0	Continuous	MOTER Flow Moter
STORET No. 50050 1 Mon Site No. EFD-01-36118	Pennit Measurement	0.900 (AADF ²)	Report (Mo.Avg.)	mgd							Totalize RAA
Flow	Sample Measurement		.719	MAD					0	Monthly Monthly	Calculation
STORET No. 50050 Y Mon.Site No. EFD-01-36118	Permit Measurement		Report (Ann. Avg.)	mgđ						Calculation	(Rolling Annual Av
CBOD5	Sample Measurement				260			MGL	0	Monthly	16-hour 1
STORET No. 80082 G Mon. Site No. INF-01-36119	Permit Measurement		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		Report (Mo,Avg.)				<u> </u>	35.01.37	17.1
TSS	Sample Measurement				320 Report	 355 345 3		MAL	0	Monthly	16-hour
STORET No. 00530 G Mon. Site No. INF-01-36119	Permit Mea surement				(Ma.Avg.)						
	Sample Measurement Permit		tatalia Naje					7:7:3			
	Measurement Sample								1		
	Measurement Permit										
	Measurement Sample	<u></u>		-	1		3				
	Measurement Permit		+								
	Measurement Sample Measurement							<u> </u>			
	Permit Measurement							<u> </u>	4_		-
	Sample Measurement					1.			-	1.	
	Permit Measurement							<u> </u>		14 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -	<u>: </u>

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: **D001**

WAFR SITE No.: 14595

CILITY NAME: Mid-County WWTP onth/Year: FEB 2002 Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Ty
ecal Coliform Bacteria	Sample				11		4/	TOOML	0	5 DUK	GRAB
. 1	Measurement				Non Detectable		25	#/100mL		5 Days/Week	Grab
TORET No. 31615 1 Mon. Site No. EFD-01-36118	Permit Measurement			3500 - 3103	(75 Percentile)		(Max.)		0	Court	METER.
TRC for disinfection	Sample Measurement				1.0		Algorithm (Alexander Alexander)	M&L mg/L		Continuous	Meter
STORET No. 50060 A	Permit Measurement				1.0 (Min.)						
Mon.Site No. EFA-01-36356 TRC for dechlorination	Sample						0.01	WOL	0	Hover	GEAB
STORET No. 50060 1	Mea surement Permit						0.01 (Max.)	mg/L		Hourly	Grab
Mon.Site No. EFD-01-36118 Nitrogen	Measurement Sample				1.5			Mer	0	CALCULATED	RAA
STORET No. 00600 Y	Measurement Permit				3.0			mg/L as		Calculated	Rolling An Avg.
Mon.Site No. EFD-01-36118	Measurement Sample				(An.Avg.)	NODI=9	3.2	Mal	O	WEEKLY	2414
Nitrogen	Measurement Permit				3.75	4.5	6.0	mg/L as	\$ \$ \$ T	Weekly	16-hour I
STORET No. 00600 1 Mon. Site No. EFD-01-36118	Measurement			-	(Mo.Avg.)	(Week.Avg.)	(Max.)		0	Carry	24/484
Phosphorus	Sample Measurement			<u> </u>	1.0			M6-L mg/L as	10	Calculated	16-hour
STORET No. 00665 y Mon. Site No. EFD-01-36118	Permit Measurement				(An,Avg.)			P			
Phosphorus	Sample Measurement				.68	NODE= 9	1.3	MEL	0	Weekly	2414RFF
STORET No. 70507 1	Permit				1.25 (Mo.Avg.)	1.5 (Week.Avg.)	2.0 (Max.)	mg/L as	<u> </u>	WCCKIY	
Mon.Site No. EFD-01-36118 Oxygen, Dissolved (DO)	Measurement Sample				67			mar	0	DARRY	GAIR
STORET No. 00300 1	Measurement Permit Measurement		 	T :	5.0 (Min.)			mg/L		Daily	Grad

DAILY SAMPLE RESULTS - PART B

Permit Number: Month/Year:

F1.A0034789-002-DW1P FEB 2002

Facility Name: Mid-County WWTP

Three-month Average Da by Flow: 72 / 80 % Daily Flow % of Permitte I Capacity: 80 %

727

	Flaw	CBOD5	TSS	TSS	рΗ	Fecai	TRC	TRC	Nitrogen	Phosphorus	Dissolve	CBOD5	TSS
	(MGD)	(mg/L)	(mg/L)	(mg/L)	(s.u.)	Coliform Bacteria (#/100ml)	(For Disinfect.) (mg/l_)	(For Dechlorinat.) (mg/L)	(as N) (mg/L)	(as P) (mg/L)	Oxygen (DO) (mg/L)	(mg/L)	(mg/L)
Code	50050	80082	ORAB 00530	00530	H- L 00400	74055	50060	50060	00600	00665	00300	80082	00530
Mon. Site	EFD-01	EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01	EFD-01	INF-01	INF-01
1	808		21		70-67	۷1	2-4	101 PH			6.7	ļ	
2	700		- -		67-65	*	3.4	, 01			6.7		
3	.696		 		70-65		4.5	, 0 (6.9		
4	.738		<u> </u>		70-6.7	< 1	4.1	.01			7.2	<u> </u>	
5	.687		<1		70-6.7	21	1-0	.01			7-0		
6	.714	2.0	1.0	1-0	7.0-G-7	41	3.1	.01	3-2	,41	7.2	1	
7	.778		1-0	<u> </u>	70-67		3.1	.01			7.0	1	
8	- Sc 2		1-0		69-67		1.5	. 01			7.4		
9	.696				7.2-6.7	:#F	4.8	, o i			7.3	1	
10	1.747		_		69-6-6	_	5.0	.01			7.0		
11	.822		1.0		7.6 . 6 %	<1	5-0	. 6]			7.0		ļ
12	.650		1.0		7.1 - 6.5	< 1	2.5	.01	1		6.8		
13	.720	<u>ي</u> -0	1-0	1.0	20-16.1	21	1-7	,01	0.7	.५१	7-/	260	320
14	.135		1.0		73-67	4	2.0	.01			7.1		
15	.691	<u> </u>	1.0		10-61	<1	3.0	.01			6.8		
16	.802		<u> </u>		70- 6.7	_	5.0	· e i			6-8		
17	.625		_		7.0-6.1	_	5.0	-01			6.7		
18	.781		3.8		69-66	<1	4.7	,01			7.0		
19	1.745		1.0		7-0-6-6	61	5.0	.01			7-1		
20	.720	2.0	1-0	1.0	7.0-5.7	41	2.8	.0(1-8	.61	6.8		
21	.612		1-0		12.6.3	<1	3-0	-01			6.7		
22	.961	<u> </u>	1.0		2.0-6.7	<1	5.0	.01			6.8		
23	,871	 	<u> </u>		16-6-7	-	4.2	-01		<u> </u>	6.7		
24	6.3	<u> </u>			6.7-16.5	-	3.4	-01	ļ		6-7		
26	.792	<u> </u>	1.0	<u> </u>	20-66	<1	3.5	.01			7-0		
26	.752	 	1-0		3.0.67		4.2	.01	1		6.7		
28	.2 40	2-0	1.5	1.0	1-2-16.8	< 1	1.5	.01	.81	1.3	7.0		ļ
28	136	ļ	1-0		20-6.7	21	2.3	.01			6.8		
30	11-	 			1		ļ	<u> </u>		ļ	 		ļ
31			-	<u> </u>	ļ						<u> </u>		<u> </u>
31				1		1							

LANT STAFFING				B/2018		BIVAG	c went	CR.	
Day Shift Operator	Class:	BAB	Certificate No:	D.8033	Name:	DONALD !			
Evening Shift Opera		AYS	Certificate No:	C 8854- ATIZ	Name:	***************************************		AGGAS	70ths
Vight Shift Operator	Class:	MA	Certificate No:	XA	Name:	NA			
ead Operator	Class:	A	Certificate No:	D. 8035	Name:	Denis D	F POSTE	TIEN.	
Type of Effluent Dis	posal or Reclaimed	Water Reuse:	CURU	in cree	K				
imited Wet Westhe	r Discharge Actival	ted: Yes: No	: Not Applicable:	If yes, cumulative	days of w	et weather	X4.		
lischarge:							· independent		

'Attach additional sheets if necessary to list all certified operators.

COUNTY:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32390-2400

FL0034789-002-DW1P PERMIT NUMBER: Mid-County Services, Inc. PERMITTEE NAME: MONITORING PERIOD From: Monthly REPORT: 200 Weathersfield Ave. MAILING ADDRESS: Final LIMIT: Domestic Altamonte Springs, FL 32714 GROUP: Minor CLASS SIZE: PLANT SIZE/TREATMENT TYPE: В 14595 WAFR SITE NO.: DISCHARGE POINT NUMBER: D001 Mid-County WWTP FACILITY:

LOCATION: 2299 Spanish Vista Dr. THREE MO
Palm Harbor, FL 34668

Pinellas -

THREE MONTH ROLLING ADF: % OF PERMITTED CAPACITY

DMR date: 2/00

Parameter		Quantity	or Loading	Units	Qual	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
CBODS	Sample	<u></u>			<u> a</u> . o			MGL	0	CALLULATED	RAA
	Measurement							mg/L		Calculated	Roijing A្យាយ
STORET No. 80082 Y Mon.Site No. EFD-01-36118	Permit . Measurement		an a company	, d	5.0 (An.Avg.)						Avg.1
CBOD5	Sample				2.0	NODI=9	2.0	Mal	0	WEEKLY	ZYMFPC
	Measurement					1988 17.5	10.0	mg/L		Weekly	16-hour FPC
STORET No. 80082	Permit				(Mo.Avg.)	(Week.Avg.)	(Max.)		<u> </u>		
Mon.Site No. EFD-01-36118	Measurement		<u> </u>		(1410.14181)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Commence	RAA
iss	Sample				1.13			MEL	0	CALCULATED	
	Measurement		ļ ————————————————————————————————————	<u> </u>	5.0			mg/L	i	Calculated	Rolling Ann
STORET No. 00530 Y	Permit	~	1878	112-11 X 64	(An Avg.)	· 经产品的					VAR.
Mon.Site No. EFD-01-36118	Measurement		ASSESSMENT OF MANY	1.027 - 724 - 724	1		2.0	144.1	0	WEEKLY	244 FPC
TSS	Sample				1.0	NODI - 9	2-0	MbL			216-hour FP
	Measurement Permit		CONCRETE OF COLUMN	· 第5次数据给	6.25		10.0	mg/L	第17 %	Weekly	
STORET No. 00530 1.	Measurement	• • • • • • • • • • • • • • • • • • • •	李泽	學激素	(Mo.Avg.)	(Week.Avg.)	(Max.)	100,700,000		 	
Mon.Site No. EFD-01-36118	Sample		100 300 100 100 100 100 100 100 100 100				2.0	MGZ	0	5DWK	GRAB
TSS	Measurement		}							7 Days/Week	Grab
STORET No. 00530 B	Permit			Section .	7.11.73	MARKET WALE TO	5,0 (Max.)	mg/L	1000	, 23,2	1
STORET No. 00530 B Mon.Site No. EFB-01-36383	Measurement	3.		旗集队	3.65	· 通過收數於改為, 1995;	(Mux.)				
	Sample				6-3		7.4	5-0	0	CONTONOUS	METER
pił	Measurement			L	6 2	S. C. Artin V. S. Old Market V. DV.	10 for \$1.7 8 5	S.V.	1,3	Continuous	Meter
STORET No. 00400 1	Permit A. A.	alice Wales		据: 認定	6.0 (Min.)		Max 1	対解察の	1000	[A.P. 中海基礎的	Light Specific
Mon.Site No. EFD-01-36118	Measurement	高 基金		,是是一个人的人们	Mark (Will)	September September	I see See Section 1				

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete, the submitted information including the possibility of fine and imprisonment.

Subtrition in which the subtrition is a subtrition of the subtriti		DATE (YY/MM/DD)
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OF FICER ON TO THE	
	11. 0/0 Hattler 121-1918	02-04-11
DOW HOSTETCER LEAD PLUT OPERATOR.	Johnson C X access	<u></u>

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FL0034789-002-DWIP DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

Parameter AOC		Quantity	or Loading	Units	Qua	ality or Concent	ration	Units	No. Ex.	Frequency. of Analysis	Sample Typ
Fecal Coliform Bacteria	Sample				21		¿1	Toom	0	50 WK	GRAB
STORET No. 31615 1 Mon. Site No. EFD-01-36118	Measurement Permit Measurement				Non Detectable (75 Percentile)		25 (Max.)	#/100mL		5 DW9/NIGHT	Grab.
TRC for disinfection	Sample Measurement				1-0			MEL	0	Continuous	METER.
STORET No. 50060 A Mon Site No. EFA-01-36356	Pennit Measurement				1,0 (Min.)			mg/L			
TRC for dechlorination	Sample Measurement					17 RUG 1 W 18 F 8 B 8	0.01	Mal	0	Houris	GRAB Grab
STORET No. 50060 1 Mon. Site No. EFD-01-36118	Permit Measurement						(Max.)				6.2335
Nitrogen	Sample Measurement				1.43	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	778994870 TEEN	M6-L mg/L as	0	CALCULATED	ROLLING Arms
STORET No. 00600 Y Mon. Site No. EFD-01-36118	Permit Measurement			是多	3.0 (Au.Avg.)			N.		A Market Control	Rolling Arm
Nitrogen	Sample Measurement				2.8	MODE= 9	92	Mol as	0	WEEKLY	24 & FPC
STORET No. 00600 1 Mon. Site No. EFD-01-36118	Permit Measurement				3.75 (Mo.Avg.)	4.5 (Week Avg.)	(Max.)	N N			Maria .
Phosphorus	Sample Measurement				.63			MGL as	0	Calculated	2YAREPC 16-hour FP
STORET No. 00665 y Mon.Site No. EFD-01-36118	Permit Measurement				1.0 (An.Avg.)			P			
Phosphorus	Sample Measurement				.49	NODI= 9	1 20	MEL mg/L as	0	Weekly	24ALFPC 16-hour PP
STORET No. 70507 1 Mon.Site No. EFD-01-36118	Permit Measurement				1.25 (Mo.Avg.)	(Week.Avg.)	(Max.)	P			1 188
Oxygen, Dissolved (DO)	Sample Measurement				6.2	<u></u>		MGZ	0	DATIN	GRAS Grab
STORET No. 00300 1 Man Site No. EFD-01-36118	Permit Measurement				5.0 (Min.)			HIEV.	1	1 17 17 19 1	

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FL0034789-002-DWIP DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

CILITY NAME: Mid-County WWTP ONTH/YEAR: MARCH 200 Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Ty
Flow	Sample	719	.755	MGD					0	CONT Frames	Flow METER
2700ET No. 16050 1	Measurement Permit	0.900 (AADF ²)	Report (Mo.Avg.)	mgd						Continuous	Flow Mete Totalize
Mon Site No. EFD-01-36118	Measurement Sample	(AADI)	.719	MED					0	Mout Aug	RAP Calculat
STORET No. 50050 Y Mon.Site No. EFD-01-36118	Measurement Pennit Measurement		Report (Алп.Avg.)	mgd						Calculation	(Rollin
CBOD5	Sample Measurement				350			MGZ	C	Monthly	16 H C 68
STORET No. 80082 G Mon. Site No. INF-01-36119	Permit Measurement				Report (Mo,Avg.)			mg/L			<u> </u>
TSS	Sample Measurement				380			MGL	0	Monthly	16-4C6
STORET No. 00530 G Mon.Site No. INF-01-36119	Permit Measurement				Report (Ma.Avg.)						
	Sample Measurement		111111111111111111111111111111111111111	<u> </u>				77.5			
	Pennit Measurement				-						
	Sample Measurement Permit		-	-							2.37.3
	Measurement Sample	 					,				
	Measurement-			+		<u> </u>			1		
	Measurement Sample	-	 	+							
	Measurement Permit			+							
	Measurement Sample					4.5					
	Measurement Permit		 	1							

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.

DAILY SAMPLE RESULTS - PART B

Permit Number: Month/Year: MARCH 2062

F1.A0034789-002-DW1P

Facility Name: Mid-County WWTP

Three-month Average Dr ly Flow:
Daily Flow % of Permitti 1 Capacity:

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/l.)	pH (s.u)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	TRC (For Dechlorinat.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolve Oxygen (DO) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	6RAB 00530	H - L 00400	74055	50060	50060	00600	00665	00300	80082	00530
Mon. Site	EFD-01	EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01	EFD-01	INF-01	INF-01
1	.736			1.0	15-67	<i>C1</i>	1.3	, 0 /			6.7	<u> </u>	
2	.849			-	74-6.6		1.4	-01			6.5		
3	.739			_	70-67		3.2	.01			67		
4	743			1.4	74- 68	21	2.7	.01			7.0		
5	,149			10	71-63	21	1.4	.01			7.1		
6	.790			1.0	21-67	41	1.2	.01			7-0		
7	.798	2.0	1.0	1-0	10- 65	41	1.0	-01	4.2	.64	6.7	350	380
8	.768			1.0	70-69	21	1.2	.01			6.8		
9	763			_	72-66	`~	1.6	.01			6.8		
10	. 701				1.2- 66		1.3	-01			6.7		
11	174			1-2	7.3- 69	21	1.7	.0(7-1		
12	.761	ļ		1.0	7.3-6.8	41	1.7	.01			6.8		
13	.764	2-0	1-0	1-0	1.4 68	<1	1.5	.01	2.1	.49	6.9		
14	.728			1.0	69-65	61	1.4	-0(6.7		
15	. 808		ļ	1-0	6-8-12-6	21	1.3	.01			6.4	1	<u> </u>
16	.770				70-67		2.5	١ ٥٠			70		<u> </u>
17	727				70-65		1.5	.01			6.8		
18	.750			1-0	72-6-5	<1	1.4	,01			7.0		
19	.753			1.0	7.0-6.5	<1	1.2	.01			7-1		
20	7128	2-0	1.0	1.0	20-65	21	1.0	.01	2.7	.27	6.9		
21	.783			1-2	78-67	21	1.9	.01			7-0		
22	738			1-6	67-64	41	1.2				6.5		
23	.763			-	6.7-6-3		1.0	.01			6.2		
24	.718			_	68-6-4	_	1.9	.0(6.5		
25	.742			1-0	69-65	41	1.0	.01			6.9		
26	.738			1-0	70-64	21	1.0	, 6 (7.0		
27	.760			2-0	70-66	21	1.0	.01			7.0		
28	.744	2-0	1-0	1.8	7.266	21	1.1	.01	2.5	.56	7-0		
29	784			1.0	71-67		1.4	.01			6.8		
30	.691			T	71-66		1.9	. 6 (6.8		
31	725		1	-	71-6:4		2.6	,01	1		6.2		

					-		TODIED C WELLER.
PLANT STAFF	ING:				B12018		4) 11-
Day Shift Opera	tor	Class:	BIB	Certificate No:	B.8035	Name:	DENIALDE HOSTE LER
Evening Shift O	perator	Class:	CIA	Cestificate No:	C4854 A512	Name:	END I PRIDUCH HURS COURT
Night Shift Ope	rator	Class:	MA	Certificate No:	X/A	Name:	HA.
Lead Operator		Class:		Certificate No:	13.8035	Name:	DODALD E HOSTETLER
Type of Effluen	Disposal or Rec	laimed V	Vater Reuse:	CURLI	w CREEK	2	
Librated Wet We	ather Discharge	Activate	d: Yes: No:			days of w	et weather X/A
dia e reer				••	* *	•	

'Attach additional sheets if necessary to list all certified operators.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

When Completed mail t	his report to: Department of Division	PERMIT NUMBER:	FL0034789-002-DW1P		7.31 0
I EKNITT TEE		MONITORING PERIOD From:	3 (-0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0	To:	POWEDITE
MALLING ADDICAGO.	Altamonte Springs, FL 32714	CLASS SIZE: PLANT SIZE/TREATMENT TYPE: DISCHARGE POINT NUMBER:	Minor B D001	GROUP: WAFR SITE NO.:	14595
FACILITY:	Mid-County WWTP	Dibota and a resident			

LOCATION:

2299 Spanish Vista Dr.

Palm Harbor, FL 34668

Pinellas COUNTY:

DMR date: 2/00

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type	
_	010			 	7100%			Repeat				
OEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Routine)	Sample Measurement		The second second second		770070			OF DECEMBER	3 5 4	all armidition	Se Benede	
THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM					35,1002				10000		200	
OEL STATRE 7 DAY CHRONIC	Sample	12. 12. 12. 12. 13. 13. 13. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	the market production is referenced		X10DF=9		ļ					
eriodaphnia dubia (Additional)	Measurement	Mary Charles Co.		7000	CONTRACTOR OF STREET	Carrier Same		Par sold		Parinte		
WHAT IS THE BEST OF THE PARTY O				and the second second	0.000			AND MARKET	2 tag 2 day 200	a dicaman house reside them and		
NOEL STATRE 7 DAY CHRONIC	Sample				MCDI-9						a less Care Permit	
Cariodanhnia dubia (Additional)	Measurement	Real and street	120000000000000000000000000000000000000	20 VIII 1	althur Althur Alth					STEVANIE STATE		
				1	1000000	11824152	فالمكافئة والمسام والماران		S Columbia	<u> </u>		
NOEL STATRE 7 DAY CHRONIC	Sample				7/00%		1000	pourt	v 42040000	SEAR CHARACTER	See Parti	
Pimephales promelas (Rouline)	Measurement	A bringing of the second of the second	Particular and Control of the Contro	Ellering.	100							
CONTROL OF CHREE CONTROL		1	The state of the s	and the state of								
NOEL STATRE 7 DAY CHRONIC	Sample Measurement				XIODI = 9			Ser a Percent		SECOND DESCRIPTION OF THE PERSON OF THE PERS	O TOTAL STREET	
Pimephales prometas (Additional)	Measurement		A COLUMN TO THE PARTY OF THE PA		100							
Sec. 19. 10. 1864 May 7	September 1981			de la supresenta de	1 - 5 - 6	And State State of State						
NOEL STATRE 7 DAY CHRONIC	Sample Measurement				NODF=0	CANADA PARA PARA		MAN APPLICATION		PS/AGMERTALE	Secondary	
Pimephales promelas (Additional)		1							1			
A STATE OF THE STA			3 24 - 244	- برنج	ti							

^{*} If a second definitive test is required, enter the result in an empty row

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the

certify und	er penalty of law that I have personally examine formation is true, accurate and complete. I am a	ware that there are significant per	nalties for submitting false info	EXECUTIVE OFFICER OR AUTH	ORIZED AGENT TELE	PHONE NO DATE	(AAW. COD)
NAME/TI	TLE OF PRINCIPAL EXECUTIVE OFFICER	Order son ctt.	Clet	flett		787.7570 02-	U ME TEL

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

^{••} Enter NODI=9 in the results column if no discharge occurred during the reporting period. Enter NODI=9 in the results column if no definitive tests are required.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400 PERMIT NUMBER: To: 2-1-06 CONTRADING DEDION From Mid-County Services, In. ALI UKI. SCHARFFELL GNIAME Monitoring 200 Weathersfield Ave. LIMIT: MAILING ADDRESS: Domestic Altamonte Springs, FL 32714 GROUP: 14595 Minor WAFR SITE No.: CLASS SIZE: PLANT SIZE/TREATMENT TYPE at Outfall D001: Ambient Monitoring DMR Date: 02/00 DISCHARGE POINT NUMBER: Mid-County Services, In. FACILITY: 2299 Spanish Vista Dr.nuc Sample Type LOCATION: Frequency of Palm Harbor, FL 34668 No. Units Quality or Concentration Analysis Pinellas Ex. COUNTY: Parameter Sample ρН Measurement Record 2 WYFF 5.2 Sample DISSOLVED OXYGEN Measurement metric 1 miles 1960 (13 0 0 0 0 9.3 SE Counted V Sample TEMPERATURE Measurement ١٥٥٠ Sample SALINITY Measurement Recent 100 ML 3 Sample 6/4(00mb) Fecal Coliform Measurement RETURN THE CONTRACT OF THE PARTY 100 MZ 80 OF THE STATE OF TH Sample 7/10/11/2 Total Coliform Measurement NTUS ,96 Sample Turbidity Measurement 38.85°

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the that there possible I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment. THE CHICAGE NO L DATE (YY/MM/DD)

County and co	amniele I am aware that there are seen	the second of th		T TELEDATE NO	(I DATE IT INVITADE)
Submitted intolniation is a zery		THE OF DRINGIPA	L EXECUTIVE OFFICER UR AUT	HOMELD HOLD.	
NAME/TITLE OF PRINCIPAL EXECUTIV	VE OFFICER OR AUTHORIZED AGEN	T SIGNATURE OF PRINCIPA	1)	727-787-772	802-04-17
NAME/TITLE OF PRINCIPAL EXECUT	0 00 3	1 10/10/10	DU TEXT	121	
	IEAD ROT OPENTE	- Man	XXVV		
		otc here)	-7		
160 HOSTON OF AN	Y VIOLATIONS (Reference all attachmen	is itero).			

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400 PERMIT NUMBER: FL0034789-002-DWIP

WAFR SITE No.: 14595

TH/YEAR: MINECOL O	THYYEAR: MINECUT 200 — Quantity or Loading			Units	Qua	ration	Units	No. Ex.	Frequency of Analysis	Sample Ty	
Parameter		Quantity	Боичин			<u></u>			EX.		
AL SUSPENDED SOLIDS	Sample Measurement		ere bulle to absorbe		16			MG-			FEE Grab
25 21 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	Primite State				2 ^			ing L			
D ₅ , CARBONACEOUS	Sample Measurement	Circurate and a second			2.0			1007JE		A COLUMN TO	G ₀
TAL KJELDAHL NITROGEN	Sample Measurement				1.1			Me L	Same		200
	Transcore				Nejetti e						
TRITE-NITRATE	Sample Measurement				G.1	**************************************		Mo L		en (-11)	भड़तान
OTAL AMMONIA	Sample Measurement			interest in the second	-c42.	200		Mi L		1 3 CO 1 7 TO	S. S
10 m	Measurement				1000000					10 20 20 20 20 20 20 20 20 20 20 20 20 20	
OTAL PHOSPHORUS	Sample Measurement			404 1860 1860	, \		ent Carporation	Ne c		र विकास के	e de la companya de l
						the Sandanasa.		KKLL			
RTHO-PHOSPHORUS	Sample Measurement				0.9			Secretary Company			

PERMITTEE NAME:

$^{\circ}$ 02

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FL0034789-002-DW1P

3-31-02

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

ann Marikamental Aven Ambient REPORT: Final LIMIT: Altamonte Springs, FL 32714 Monitoring Domestic GROUP: Minor CLASS SIZE: 14595 WAFR SITE No.: PLANT SIZE/TREATMENT TYPE Mid-County Services, In. FACILITY: DISCHARGE POINT NUMBER: D001: Ambient Monitoring Upstream 2299 Spanish Vista Dr.nuc DMR Date: 02/00 LOCATION: Palm Harbor, FL 34668 Pinellas Frequency of Sample Type COUNTY: No. Units **Quality or Concentration** Analysis Parameter Ex. 5.0 Sample HOW 7.6 pH Measurement RE ON R BISTING 5.1 Sample HOES DISSOLVED OXYGEN Measurement 一、不管用等經 Sample TEMPERATURE Measurement 0.1 06L Sample SALINITY Measurement ACCOUNTS ON THE 80 Sample Fecal Coliform Measurement Too MI 11,000 Sample Total Coliform Measurement Sample .87 XTU? Turbidity Measurement 20 THE RES I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the

PERMIT NUMBER:

MONITORING PERIOD From:

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT LELEPHONE NO DUIL (T TIGHTEN) NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 62-04-17 727-78>7978 HOSTET LEC LEAD HLUT

submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Mid-County Services, In.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

EACH ITY NAME: Mid-County WWTP PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: D001- Ambient Monitoring Upstream

WAFR SITE No.: 14595

Parameter		Quantity or Loading	Units	Quali	ty or Concentration	1	Units	No. Ex.	Frequency of Analysis	Sample Type
raiametei			 				066			
ILOROPHYLL-a	Sample Measurement	The second secon					COMES!		100 TO	(4) 1
Service of the servic					1.4	ا به دور	Wes			
TAL SUSPENDED SOLIDS	Sample Measurement						E TO TO		4,7,7,1	Terr Y
A STATE OF THE STA				-	2.0	and the second seco	MOI			
DD ₅ , CARBONACEOUS	Sample Measurement								(E. 0.0) PE (E-11/2)	
Various Con	A CONTRACTOR OF THE SECOND			Same and the second	0.48	and the second second	MEL			
OTAL KJELDAHL NITROGEN	Sample Measurement		CAN'S SECTION CO.		Section 1985 And Land			ST CONTRACT	Charletti	
We the second se	Trend at			-	A STATE OF THE STA	<u></u>	MEL			
ITRITE-NITRATE	Sample Measurement		e lite toward was easier.	a temperation of Control of the Control	0.21	- Charles				
7 17 18 18 18 18 18 18 18 18 18 18 18 18 18	Profession and the second				0.07	us <u> </u>	MGL			
OTAL AMMONIA	Sample Measurement		van errogress		0.02		W AND DE		(0.77.47)	
The state of the s				-	0-12	<u> </u>	Mol	to and the second		
TOTAL PHOSPHORUS	Sample Measurement		white and the same approxim		0.12				er and the second	
Programme Market					Y 2 2 3 5	-	nor			
ORTHO-PHOSPHORUS	Sample Measurement		The first programme and the	and the second s	0-1	THE RESERVE	1 100			
	100	ering were mind to the second of the								+ F - 24

'hen Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassec, 32399-2400

'hen Completed mail ti	his report to: D	epartment of Environmen	ital Protection, Wasternam		TH 00347	89-002-DWIP			~o_*	5 -o_	
ERMITTEE NAME:	Mid-County S	Services, In.	PERMIT NUMBER	: HOD From:	.3-1-0	Ž		To:	2		
AILING ADDRESS.		rings, FL 32714	LIMIT: CLASS SIZE:		Final Minor			GROUP: WAFR SITE No.:	— Dom 1459		
ACILITY: OCATION:	Mid-County S 2299 Spanish	Services, In.	PLANT SIZE/TREA DISCHARGE POIN	ITMENT TYPE T NUMBER:	B D00	Downstream	DMI	R Date: 02/00			
OUNTY:	Palm Harbor, Pinellas	FL 34668			Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Paramet	er							5.0			
pH		Sample				7. >		3.			
		Measurement			a institute	A RELEASED TO					
		Sample			a talamin men jak er sammen	5.3		Mal			
DISSOLVED OXYGE	TA :	Measurement			and that the		Navio	inin in the			
g de agraça, ag Paga da Capital. Agrae da Agrae da Agra		al the head and			the fact that the said the	rc 9	Carlos	00			
TEMPERATURE	all parts of all man are at a second	Sample Measurement				15-7		6.001		1200 000	
THE RESERVE OF STREET											
SALINITY	HAME YES	Sample				0.3		U6 L	1 12 15 15 15 15 15 15 15 15 15 15 15 15 15		
SALING!		Measurement				The second of th		المارة			
	31-33-5	Harrison A.			ing A.M. ayer has made	200		FOOML			
Fecal Coliform		Sample Measufement						2//180/000		en e	
								FOOM.	2400		
Total Coliform		Sample Measurement			San Series Carrier	5.000		700	7.57	TO THE STATE OF TH	
Service Control of the Control of th											
and the state		Sample				1.1		NTU'	> -		
Turbidity		Measurement									
· · · · · · · · · · · · · · · · · · ·	1916 (1916) Gusta				لانتخوان والمستبدين دورا			duale immediately r	sponsib	le for obtaining the	information, I believe the
	of law that I has	ve personally examined a	nd am familiar with the info	mation submitted h	erein; and bas	ed on my inquiry of the state o	inose inaivi possibility (of fine and imprison	ment.	-	
TOTAL PARTIES	15 Gue, accurace			and the second of the second o			THE OR AT	TUNBITED AGEN		LETTONIO	
NAME/TITLE OF P	RINCIPAL EXE	CUTIVE OFFICER OR	AUTHORIZED AGENT	SIGNATURE OF	PRINCIPAL	A TAX	5		72	2-257-3978	02-04-17

02

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400 PERMIT NUMBER: FL0034789-002-DW1P

FACILITY NAME: Mid-County WWTP
MONTH/YEAR: MARCH 2002

DISCHARGE POINT NUMBER: D001- Ambient Monitoring Downstream

WAFR SITE No.: 14595

Parameter Parameter		Quantity or Loading		Units	Qua	lity or Concentrat	ion	Units	No. Ex.	Frequency of Analysis	Sample Typ
CHLOROPHYLL-a	Sample		1			l l		464			
	Measurement	Entledantelings and accounting		- PENTANTANT	anii aa dhed garan isaa ee a	CONTRACTOR OF THE PARTY OF THE	The second second second			Committee.	
The same of the sa	7.		3)			12 3 3 11 1	and the second s	<u> </u>		والمرابعة	
OTAL SUSPENDED SOLIDS	Sample	Planting to plant the second of the second			-	1.8	-	Mal			
	Measurement	and the state of t	ন্ত্ৰ বিভাগ লোক সমূহত কৰে সংগ্ৰিক ক		ett nie geläki et kilolokiesista saapsae	THE RESERVE OF THE PERSON OF T	en galt was a discontinued as talking	The state of	111111111111111111111111111111111111111	1300	SECOND .
	Transition of the same of the					A STANSFORM					
BOD, CARBONACEOUS	Sample	V. 1041 1100			•	20	•	NOL			
30D ₅ , CARBONACEOUS	Measurement			tred the Name of Paris	en en la marin d'altre ferre ma un la		A CONTRACTOR	N AND THE PARTY OF	and the same	Beach of City	5.15
	Area see ve						en Barrilla			3.82 N	
WAS DAIL MEDOCEN	Sample				-	0.68	-	Mol			
TOTAL KJELDAHL NITROGEN	Measurement			na spanis sa	Annalis and Estate and property of the particular of			DESCRIPTION OF THE PARTY OF THE	1000	PER DESIGNATION	
	The state of the s			14907355							
· · · · · · · · · · · · · · · · · · ·	Sample	1 Sec. 20			•	19	-	MEL			
NITRITE-NITRATE	Measurement							e state of the	5 00 000		CONTRACTOR OF
	100000000000000000000000000000000000000		And the second phone of the second se				0.1 44072				
19 。 A. A. A. A. 数数据导放数 <u>。</u>		4	La production and the second	and the second second	to the second second		-	hi ()			
TOTAL AMMONIA	Sample Measurement					.02		Mer.			The second
		Mary Contract	and the second sections of the second								
A STATE OF S	Land State State	المراجع المتعارض والمتعارض أناني	المحادث والمراج		-			AAL >			
TOTAL PHOSPHORUS	Sample					0.46		MOL	ra except C	Barico Miles	A STATE OF THE STA
	Measurement	Company of the company			And the second section of the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the section is a section section in the section in the section is a section section in the section in the section is a section section in the section in the section in the section is a section section in the section in the section is a section section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section is a section in the section is a section in the sect			315 40.443		1	
	11 11 11 11 11						<u> </u>				
ORTHO-PHOSPHORUS	Sample					6.5		WP 5	-		and the same than the same
	Measurement	of Late and Section 1	and the second section in	egang popular rijaris i ra	to an incorporation of	arma Californian Con	A STATE OF THE STA	And the second			1
	7/36/i										

CORY to patket Kyron

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Mid-County Services, Inc.

200 Weathersfield Ave.

Altamonte Springs, FL 32714

PERMIT NUMBER:

MONITORING PERIOD From:

LIMIT: CLASS SIZE:

PLANT SIZE/TREATMENT TYPE:

DISCHARGE POINT NUMBER:

FL0034789-002-DW1P

4-1-02

Minor

D001

В

To: REPORT: GROUP:

WAFR SITE NO.:

Monthly

Domestic

DMR date: 2/00

FACILITY: LOCATION: Mid-County WWTP

2299 Spanish Vista Dr. Palm Harbor, FL 34668

COUNTY: Pinellas THREE MONTH ROLLING ADF:

CAPACITY % OF PERMITTED

14595

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement			·	2.0	·		MGZ	0	CALWLATERS	RAR
MORDI-NO 80082 4 100 Mon.Site No. EFD-01-36118	Measurement				(A) -XV-0				2000	C IOUI (6)	A AVE
CBODS	Sample Measurement				2.0	NODT = 9	20	M62 '	0	WEEKLY	24H FPC
TORET No. 80082 e. 31 f. fon Sile No. BRD 01-36118	Permit ### Measurement				((VO. (VO.)))	10Veel-3-219	000 (WEX 55A)			V/161/ <u>61-1</u> 0	(63)(e)) is 140
'SS	Sample Measurement			1.2-	DH			MOL	0	CALCUITATED	RAA.
TORET No. 00530 Y: 3	Permit:				(A)			mg/L		Calculated	Rolling Atinua
SS	Sample Measurement				1-45	XODI=9	.2.8	MGL	O	Waky	24HFC
CONSTRUCTION OF SOME SOME SOME SOME SOME SOME SOME SOME	Pomit DVG colonom (22)				676 54006/3909	you at Aveys	(V65)	100/12		W.≎ah	44 Lo-hour RPC
SS	Sample Measurement						3-0	ner	0	5 Dek	GRAB
(ORESIE NO) 005501 (1986) oresite No. EEB-01-36383	Plemit Mercinomente						5.0 (Max)	mg/L		7 Days Week	Crob
I	Sample Measurement				6-4		アダ	5.0	0	Cartman >	METER
OTHER AG (02:00)	Mesin Mesinemenso				((VIII.)			SIL		Continuc _{L.}	WGO

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO DATE (YY/MM/DD)
DON HOSTETIEL	Vous & Nostetlie	727-281-2977 02-04-22

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Mid-County WWTP Month/Year: APLIN 20 0

PERMIT NUMBER: FL0034789-002-DW1P

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

Parameter		Quantity	or Loading	Units	Qu	ality or Concent	ration	Units	No. Ex.	Frequency. of Analysis	Sample Typ
Fecal Coliform Bacteria	Sample Measurement				4		21	Foom	0	Sauk	GRAB
STORET No. 31615 1 Mon. Site No. EPD-01-36118	Pormit Measurement	186			Nes Detectable (75 Percentile)		(Max)	#/100mils		A Day (Mark)	Sk. Bran
TRC for disinfection	Sample Measurement				1-1	7.		Mor	0	Contras	meter.
STORET No. 50060 A Mon. Site No. EFA-01-36356	Pennit Measurement				(Min.)	To Pavin		mg/L		Continuous	Marie .
TRC for dechlorination	Sample Measurement			hii, ifa a baad ii ligaa.		300	0.01	Mal	0	Hourie	6RAB
STORET No. 50060 1 Mon. Site No. EFD-01-36118	Pennit Measurement						0.01 (Max.)	mg/L	\$\frac{1}{2}	Hou	Grab.
Nitrogen	Sample Measurement				1-43			Mal	0	Accuster	RAA.
STORET No. 00600 Y. Mon. Site No. EFD-01-36118	Permit Measurement			1.0	AQ AVE			mg/L as			Rolling Amaz
Nitrogen	Sample Measurement				1.3	16PI=9	3.4	m623	0	WEBKY	24 AFRC
STORET No. 00600 1 Mon. Site No. EFD-01-36118	Permit Measurement				3/75 (Mo.Avg.)	(Week Avg.)	6.0 (Max.)	mg/E as		Westly	16-ibug FPC
Phosphorus	Sample Measurement		and the second of the second o		0.63	1,11,11,11,11,11,11,11,11,11,11,11,11,1	(Willias)	Mal	0	aller MATER	ourpe
STORET No. 00665 y Mon. Site No. EFD-01-36118	Permit Measurement				1.0 (An.Avg.)			mg/L as		Caletia ted	TENED P
Phosphorus	Sample Measurement				0.63	1600 9	.78	MEZ	0	WEEKLY	24 NAPPC
STORET No. 70507 1 Mon.Site No. EFD-01-36118	Permit Measurement				1.25 (Mo.Avg.)	1.5 (Week Avg.)	1 2.0 (Max.)	mg/L as		Weekdy	16 Market
Oxygen, Dissolved (DO)	Sample Measurement				62		LAX-STIN-A	nou	0	DATRY	GRUB
STORET No. 00300 1 Mon.Site No. EFD-01-36118	Permit Measurement			•	5.0 (Min.)			mg/L	ľ	Daily	Grab.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Mid-County WWTP MONTH/YEAR: APRIL 2002

PERMIT NUMBER: FL0034789-002-DW1P

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

Parameter		Quantity	y or Loading	Units	Qu	ality or Concenti	ation	Units	No. Ex.	Frequency of Analysis	Sample Ty
Flow	Sample Measurement	0.721	0.717	NeD				M60	0	Couteur S	MERER
STORET No. 50050 1 Mon Site No. ERD-01-36118	Permit Measurement	0.900 (AADF ⁴)	Report (Mo.Avg.)	mgd						Continuous	Flow Meter
Flow	Sample Measurement		0.721	mad		·		WED	0	Marktary	RAA.
STORET No. 50050 Y Mon. Site No. EFD-01-36118	Permit Measurement		Report: (Ann.Avg.)	mgđ		wet ve				Montaly Calculation	Calculation (Rolling Annual Av
CBOD5	Sample Measurement				210			Mer	0	Marken	24499
STORET No. 80082 G Mon: Site No. INF-01-36119	Permit Measurement		1 6 A Su		Report (Mo, Avg.)			mg/L		Monthly-1	16-hour Pl
TSS	Sample Measurement				370			Mar	0	most the	24 AFR
STORET No. 00530 G Mon.Site No. INF-01-36119	Permit Measurement				Report. (Mo.Avg.)			., mg/L		Monatily	16-boar P
	Sample Measurement										
	Permit Measurement										数 数 数
	Sample Measurement							:			
	Permit Measurement								2. 海		
	Sample Measurement		·				3				
	Permit Measurement								, j.		
	Sample Measurement										
	Permit Measurement										
	Sample Measurement					ν . ,					٠
	Permit Measurement									Sick	

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERM	IIT	TEE	N	AME
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Mid-County Services, Inc.

MAILING ADDRESS:

200 Weathersfield Ave.

Aitamonte Springs, FL 32714

PERMIT NUMBER:

FL0034789-002-DW1P

MONITORING PERIOD From:

PLANT SIZE/TREATMENT TYPE:

LIMIT: CLASS SIZE: Final Minor

REPORT: GROUP:

To:

OXICITY

FACILITY: LOCATION: Mid-County WWTP

2299 Spanish Vista Dr. Palm Harbor, FL 34668 DIS

DISCHARGE POINT NUMBER: DO

D001

В

WAFR SITE NO .:

14595

COUNTY:

Pinellas

DMR date: 2/00

Parameter		Quantity or Loading	Units	Quality or Cor	ncentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Routine)	Sample Measurement			HODI=9		1			
	The same of the sa			Garage Francisco		1346276		en antikse.	Septemb
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement			XW77=9		T V			
	or summers					Property.		Avalation (
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement			H0DT=9				lo sophies	
	estamile of established			(10)		SOR (SETTING		Aviiniinia	y a romit
NOEL STATRE 7 DAY CHRONIC Pimephales promelas (Routine)	Sample Measurement			X100I=9				e de la mire.	
	Temple 227			1010 C 10		Percent		ed the northly as	er seed terriff
NOEL STATRE 7 DAY CHRONIC Pimephales promelas (Additional)	Sample Measurement			P=1001					
	Alexander					Percent		introvens Introve	
NOEL STATRE 7 DAY CHRONIC Pimephales promelas (Additional)	Sample Measurement	a parada a construir de la con	er a diri da juma (ili ili ili ili ili ili ili ili ili il	1607=9			249 333 3	THE RESERVE	
	71-sugar270			740		Parkant		Avitational	a de la Cartini

^{*} If a second definitive test is required, enter the result in an empty row.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

		PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		DATE (YY/MM/DD)
Don Hostet lec	Coll	& Chitch	727-7 81-1978	02-04 2

^{**} Enter NODI=9 in the results column if no discharge occurred during the reporting period. Enter NODI=9 in the results column if no definitive tests are required.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Mid-County Services, In.

200 Weathersfield Ave. Altamonte Springs, FL 32714 PERMIT NUMBER:

CLASS SIZE:

MONITORING PERIOD From: LIMIT:

Minor

В

FL0034789-002-DW1P

To:

REPORT:

Monitoring Domestic 14595

FACILITY: Mid-County Services, In. LOCATION: 2299 Spanish Vista Dr.nue

Palm Harbor, FL 34668

PLANT SIZE/TREATMENT TYPE **DISCHARGE POINT NUMBER:**

D001: Ambient Monitoring

WAFR SITE No.: at Outfall

GROUP:

DMR Date: 02/00

COUNTY: Pinellas

Parameter				Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement			NO DE-9						
7 (** 7) 20 20 20 20 20 20 20 20 20 20 20 20 20	The same of the sa		2 1 M 1 1 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Kana					Operator :	Corp.
DISSOLVED OXYGEN	Sample Measurement	المدادة سيدان بياري في فيوسانه مدار المحاصورية موا	Annual Control (Control Control Contro	MODI=9	to the self-decimal towns the self-decimal to the self-decimal to the self-decimal towns to the self-decimal to			,		
SALES SA	The same of the sa						inger.		(Chaite()	(Grab)
TEMPERATURE	Sample Measurement	- Annual Control Control of the Control Control of the Control of		NOOT=9						
\$150 del 155 dil 170 del 2005.	Xe renene			175-10			e.		(Outresty	(817)
SALINITY	Sample Measurement			4605=9						
Santa (1965) (Aprilia) Santa (1966) (Aprilia) (Aprilia)	Ve svenisti	70 m	******	Permit 2			- 70/41		2000 and 2000	Gab
Fecal Coliform	Sample Measurement			MODE=9						
	Teamin Seanneman			(410)			7/(00ml)		Contaipes	37,10
Total Coliform	Sample Measurement			KIODTZ9						
Section 20 37 000 (A 1722) Section 82 4 (Deposit	ใช้สูกใน Stangangii						7/ // 000mil		(0.001764107	Gidh) WA
Turbidity	Sample Measurement			NOW=3						
STATES OF STATES OF STATES	Senific Magnetia			3.78-665			er Viller		#Monrical	(बहुन)।

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURA	OF PRINCIP	AL EXECUTIV	E OFFICER OR AUTHORIZED	AGENT TELEPHONE NO	DATE (YY/MM/DD)
Dow HOSTETCEL	\\\\\(e\)	M	De	UTT -	721-181-578	62-04-22

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400 FACILITY NAME: Mid-County WWTP PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: D001 - Ambient Monitoring at Outfall

PACILITY NAME: Mid-County WWTP
MONTH/YEAR: APROL 2002

WAFR SITE No.: 14595

Parameter		Quantity or Loadin	ng Units	Qua	ality or Conc	entration	Units	No. Ex.	Frequency of Analysis	Sample Type
TOTAL SUSPENDED SOLIDS	Sample Measurement			Not = 9						
	Comments (Comments)			V-11.4			0071		(three gr	
BOD ₅ , CARBONACEOUS	Sample Measurement			160=9						
Sasana (A. Unida) Ang Sanggara (A. Unida)	deni.						100.0			
TOTAL KJELDAHL NITROGEN	Sample Measurement			10D7=9						
0.000 5.77 (D 10 6 030)				18-17		133	1. 10024	P.	0.001(4)55	7000 e
NITRITE-NITRATE	Sample Measurement			NODF=9						
Secretary injuries (St. 1997). Secretary				ite i ni			in any		Outdefield	71.12
TOTAL AMMONIA	Sample Measurement			NODE=9						
an a	Salarinia Vienenii						in the second			(01-1
TOTAL PHOSPHORUS	Sample Measurement			LLODE =9						
A STANDARD COMPANY	in militari din di			7.00			100		commit	\$ 7
ORTHO-PHOSPHORUS	Sample Measurement			LEODE=9						
							100/100		offe territally	(eiflie)

Whes Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Taliahassee, 32399-2400

PERMITTEE NAME: MAILING ADDRESS:

Mid-County Services, In. 200 Weathersfield Ave.

Altamonte Springs, FL 32714

PERMIT NUMBER:

MONITORING PERIOD From:

LIMIT:

FL0034789-002-DW1P

To: REPORT:

Ambient

Monitoring Domestic

FACILITY: LOCATION:

Mid-County Services, In. 2299 Spanish Vista Dr.nue

Palm Harbor FL 34668

CLASS SIZE:

PLANT SIZE/TREATMENT TYPE DISCHARGE POINT NUMBER:

Minor

GROUP: WAFR SITE No.: 14595

D001: Ambient Monitoring Upstream

DMR Date: 02/00

Parameter			Quality or Concentration	Units		quency of Analysis	Sample Type
рН	Sample Measurement	·	NODE-9				
	100 miles		A Aller San Control of the Control o	Egreonic SQL		1.000	
DISSOLVED OXYGEN	Sample Measurement		NODES				
5 7 12 18 6 0 200 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			18-101 (18-101) (Video-pin	30 mm 2-3m/4.		masty.	
TEMPERATURE	Sample Measurement		NOT-9				
70 (21) (70 (0)) (0) 10 (2) (3) (11) (12) (13)			To a sum es la lancie de la Regon Anguestio	756 io in 1997.		1011031	
SALINITY	Sample Measurement		NODE=9				
50 SIVE 01 SICE	The second of		Aller and the second se	TERLICITE CONTRACT			(6)(1)
Fecal Coliform	Sample Measurement		NO DI=9				
s e de la Socialista de l Como como como como como como como como	Marchine (Single Single		1840 Vi648:10			() () () () () () () () () () () () () ((mat
Total Coliform	Sample Measurement		MCDF=9				
on the second			A STATE OF THE STA	7/00) 3/10/2007 3/10/2007			(Grafi)
Turbidity	Sample Measurement		HODI-9				
			Notice (STATE CONTINUES OF STATE	, 1 × 1100 × 1	101	united to	(47) ⁴ 1

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Day Hostetler.	Qui	C Aprille	127-281-297 8	02-04-22

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400 FACILITY NAME: Mid-County WWTP PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: D001-Ambient Monitoring Upstream FACILITY NAME: Mid-County WWTP
MONTH/YEAR: PPRE 2000 DISCHARGE POINT NUMBER: D001- Ambient Monitoring Upstream

WAFR SITE No.: 14595

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a	Sample Measurement			1602-9			· · · · · · · · · · · · · · · · · · ·	
200 S 8 3	52.mi. 3.7.1 57(-3):130(-)(15)			Militaguita d	YEA		(viner@ff*)	17,615
TOTAL SUSPENDED SOLIDS	Sample Measurement			MODI=9		Para Sir Da Maria Para Para Para Para Para Para Para		
000 Ste volument of the con-	Danija Danija			Year Mileoton	117/11		4. (5.10.117 1 5.	671
BOD ₅ , CARBONACEOUS	Sample Measurement			NODI=9		and a second second		
6 - Serve SVIII D. 1650				PON POND	117/1		(V) in the right	
TOTAL KJELDAHL NITROGEN	Sample Measurement			Now=9	ţ			
				Redois Vice Panis	10.00		(6) (i.g.)	(m) b (m)
NITRITE-NITRATE	Sample Measurement			NODE-9			and the Community of th	
ne n	410			Niceron Niceron	Vinitile.			617
TOTAL AMMONIA	Sample Measurement			N6DI=9			- Committee of the second section of the second section of the second se	
A CONTRACTOR OF THE STATE OF TH	The mile Market (Hillian)				Tament 2		Control W	(1,77)
TOTAL PHOSPHORUS	Sample Measurement			X00#=8				
No one in White Little and	The second secon			(3.00) (3.00)			Comagney.	
ORTHO-PHOSPHORUS	Sample Measurement			XWDF-9				
CHAIN OF CUSTODY MUST	3.00			Totalisa (1997)	7.50070		(Q)) (= G)(A)	67.5

B

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME:

Mid-County Services, In.

PERMIT NUMBER:

FL0034789-002-DW1P

MAILING ADDRESS:

200 Weathersfield Ave. Alternonte Springs, FL 32714 MONITORING PERIOD From: LIMIT:

Minor

Ambient Monitoring

FACILITY:

Mid-County Services, In.

CLASS SIZE: PLANT SIZE/TREATMENT TYPE DISCHARGE POINT NUMBER:

WAFR SITE No .:

To:

REPORT:

GROUP:

Domestic 14595

LOCATION:

2299 Spanish Vista Dr.nue Palm Harbor, FL 34668

D001: Ambient Monitoring Downstream

DMR Date: 02/00

OUNTY: Pinell Parameter		Quality or Concentration	Units	No. Bx.	Frequency of Analysis	Sample Type
pH	Sample Mossurement	P2540H -				
en e						9,100
DISSOLVED OXYGEN	Sample Measurement	HODI=9				
		Top of the second s	0.0076		Cipacity	(1)
TEMPERATURE	Sample Measurement	NODI=9				
STOREST AND		A STATE OF THE STA				(771)
BALINITY	Sample Measurement	160DI=9				
60, 200 % 4 60, 200 00 00 00 00 00 00 00 00 00 00 00 00		TO THE REPORT OF THE PARTY OF T			omia-R	
ecal Coliform	Sample Measurement	1602-9				
300		A Section 1997 Sec			(0)10012177 F	
otal Coliform	Sample Measurement	46D7=9				
					01001	
urbidity	Sample Measurement	1/002=9				
		REQUESTS OF STREET			and promoting the	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGN	ATURE OF PRINC	IPAL EXECUT	IVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Don HOSTET LER	(Toul C	A	otelle	74-281-2928	02-04-22

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400 FACILITY NAME: Mid-County WWTP PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: D001- Ambient Monitoring Downs

FACILITY NAME: Mid-County WWTP
MONTH/YEAR: APRIC 2002

DISCHARGE POINT NUMBER: D001- Ambient Monitoring Downstream

WAFR SITE No.: 14595

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL _®	Sample Measurement					X000=9				ZESTANGANGO INPOSES DOMENTAS SAND	
5 (2015)						Andres Series				enimot), is	3,40
TOTAL SUSPENDED SOLIDS	Sample Measurement				-	XODE=9	-		Live Balletinia		
y a dan ar an da	a se inteligional									e (Constelly)	
BOD, CARBONACEOUS	Sample Measurement				-	MODE=9	-				
TO SEE SEE TO DE TO SEE SEE SEE	Payring Control					Page ikspedie (* 1865) Objektorajnik (* 1865)					
TOTAL KJELDAHL NITROGEN	Sample Measurement				-	NODE=9	-	,	3377467937 477		
Troposition (USA) — (18. Troposition (USA) — (18.05) — (18.05)	្រាស់ ស្រីស្រីស្រីស្រីស្រីស្រីស្រីស្រីស្រីស្រី					Kara. Markann				000016192	
NTRITE-NITRATE	Sample Measurement				-	M802=9	-				- NO
i di Alan Sigi Diguela di Galegia di Alimani di Galegia di Galegia di Galegia	ikvanti Kesatusmentika					2003-1006 2014-121-006		TOP/C		спристу	
TOTAL AMMONIA	Sample Measurement		and the second and the second and the second second are p		·	NODI=9	-		ace to the late		
Telesa da	Prints No Shanfair					PARTIES OF THE STATE OF THE STA		7 1070		- Dimenty	
OTAL PHOSPHORUS	Sample Measurement				•	MDI=9			Proceedings and the		
	711-111-211					in alterial English Enjin		(in Alba		Control of the Contro	
RTHO-PHOSPHORUS	Sample Measurement				*	X007=9	-			and the state of t	
	Remille Granients					Renormalis (Contraction of the Contraction of the C		(10.91		(CHETCHE)	

DAILY SAMPLE RESULTS - PART B

Permit Number:

FLA0034789-002-DW1P

Facility Name: Mid-County WWTP

Month/Year: APRIL 2002

Three-month Average Daily Flow: 741
Daily Flow % of Permitted Capacity: \$2%

	Flow	CBOD5	TSS	TSS	pН	Fecal	TOO	777.0		Daily Flow %			- /
	(MGD)	(mg/L)	(mg/L)	(mg/L) GRAB	(s.u.) (h) - (Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	TRC (For Dechlorinat.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBOD5 (mg/L)	TSS (mg/l
Code	50050	80082	00530	00530	00400	74055	50060	50060	00600	00665	00300	90092	0050
Mon. Sitc	EFD-01	EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01	EFD-01	80082 INF-01	0053
1	114			1-0	70-6-4	<u> </u>	5.0	0-01				10-4/11	INF-(
2	.)22			1.0	71-67		2.3	0.01	#Q#	 	7.0		
3	.446	2-0	2.8	3.0	72-66	21	1.7	001	3.4	 	7-0	ļ	
4	- 414				72- 6.6	61	2-3	0-01	3.7	.69	7.0	270	370
5	.753	,		· · · · · · · · · · · · · · · · · · ·	20-66	41	2.3	0-01			7-0		
6	7 <i>9</i> 0				7-1-66	5	3.9				6-5		
7	.709				21-64		3.5	0-01			6-2		
8	.731			1.5	74- 66	41	5.0				6-5		
9	-116			,	7.3-67	41	3.5	0-01			7-0		
10	.751	2-0	1-0	1.8	7.7 07	41	1-6	0-01			7-1		
11	-748				10-67	21		0.01	,35°	.78	7-0		
	152				12-6-1	21	2.5	0-01			68		
13	936							0-01			6.8		
14	522				74-68		2.5	0.01			6.7		
15	740				7-1-6-7	-	2-1	0-01			6.5		
16	705			7	73-67		2.3	0.01			7-0		
17	702	2.0	1.0	10	13-6-7	21	1.5	0-01			6-9		
18	699	2.0	-	7 -	267	<u> </u>	1.2	0-01	1.3	-66	7-0		
19	.801			7 7	13-C·7	21	1.6	0.01			7-1		
20	752			T	2-6-1	<i>L1</i>	1-2	0-01			6.2		
21	102				367		1-7	0-01		_	6-2		
22	640				2-67		1-4	0-01			6.2		
	691				10.68	21	1-5	8-01			6-5		
		2.0	1-0		0- 68	41	1-1	0-0			6-5		
	70'3	5.0	1.0	/		21	1.1	0.01	,48	.40	6-4		···········
24 1	633					21	1-4	0-01			7.0		
22	738			1-0 7	(67		1-5	0-01			6-4		
28	38			1	3-6-7		2-1	0-01		~	6.5		·
20	125				3-67		1.5	0-01			6-7		
30					3-6.7	41	1-1	0-01			6.9		
31	110			1-0 7	3-6-1	<u> </u>	4	0-01					····
											6-8		

PLANT STAFFING: Day Shift Operator Class: B+O Certificate No: B-803 5 Name: Denote Hostette Evening Shift Operator Night Shift Operator Class: CLA Certificate No: B-803 5 Name: Denote Hostette Night Shift Operator Class: MA Certificate No: MA Name: House For Associated Hostette Certificate No: MA Name:	P.004-5
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When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Mid-County Services, Inc. 200 Weathersfield Ave.

Altamonte Springs, FL 32714

PERMIT NUMBER:

LIMIT:

MONITORING PERIOD From:

CLASS SIZE:

PLANT SIZE/TREATMENT TYPE: DISCHARGE POINT NUMBER:

FL0034789-002-DW1P 5106

Final

Minor

D001

В

To: REPORT: GROUP:

Domestic :

14595 WAFR SITE NO.:

FACILITY:

Mid-County WWTP

LOCATION:

2299 Spanish Vista Dr. Palm Harbor, FL 34668

Pinellas COUNTY:

THREE MONTH ROLLING ADF: 79% % OF PERMITTED CAPACITY

DMR date: 2/00

Parameter		Quantity	or Loading	Units	Qua	lity or Concentre	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample				2.0			MGZ	0	aprenter	RAP Rolling Annua
STORET No. 80082 Y	Measurement Permit			11	5.0 (An.Avg.)			mg/L		Calculated	Avg.1
Mon.Site No. EFD-01-36118 CBOD5	Measurement Sample			·	2.02	40DI = 9	2.1	MGL	0	Weekly	24 PPC 16-hour FPC
STORET No. 80082 1	Measurement Permit Measurement		- Carrie	in the second	6.25 (Mo.Avg.)	(Week.Avg.)	10.0 (Max.)	mg/L		W.CCKIT	9 9/ /
Mon.Site No. EFD-01-36118 TSS	Sample Measurement				1.23			mor	0	Colculated	Rolling Annua
STORET No. 00530 Y	Permit Measurement		ten it was	Specific	5.0 (An.Avg.)	STATE OF THE		mg/L			Avg.1
Mon.Site No. EFD-01-36118	Sample Measurement				1-0	NODI = 9		MEL	0	WEEKLY	244 FBC
STORET No. 00530 1.2	Permit Measurement				6.25 (Mo.Avg.)	(Week Avg.)	(Max.)	mg/L		Para and Aller	
Mon.Site No. EFD-01-36118	Sample Measurement						3.8	MGC	0	5 DU/C	GLAB
STORET No. 00530 B Mon.Site No. EFB-01-36383	Permit		1.智量 3966		Fig.		5.0 (Max.)	1100	· Mar		- 21
pH	Sample Measurement				6-4		7-6	5.0	1 2 1 2 1	Continuous	METEL.
STORET No. 00400 1 Mon. Site No. EFD-01-36118	Permit Measurement	深圳条 "		计量性	(Min)	130/94	8.5 (Max.)	操 统	الد ميرا	Continuous	Meter Residual

⁴Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted into matter and the there are significant penalties for submitting false information including the possibility of fine and imprisonment,

	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGEN	TELEPHONE NO	DATE (TIMINIDE)
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGEN	SIGNATURE OF PRINCIPAL EXECUTIVE OF TOP		1
NAME TITLE OF FIGHTERING	The do do state	727 2827778	02-06-25
121	Klum (* Klum (* Klum)		
1 2 20 405761 (60			

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Mid-County WWIP MONTHYEAR: MAY 200

PERMIT NUMBER: FL0034789-002-DWIP DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

Parameter		Quantity	or Loading	Units	Qua	ality or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample T
Flow	Sample Measurement	0.725)	.668	MAD					0	Contrus S	METER
STORET No. 50050 1' Mon Site No. 66D-01-36118	Permit Measurement	(1900 (AADF)	Report (Mu Ave.)	ingd					Ş 🔻 :	Confinuous /	Flow More Totaliza
Flow	Sample Measurement		0.725	M6D			6.0	anders de provincia	0	Mart the Monthly	RAR
STORET No. 50050 Y Mon.Site No. EFD-01-36118	Permit Measurement		Reporti- (Arm.Avg.)	mgđ						Calculation	(Rollin
CBOD5	Sample Measurement		,		280			Mor	0	Morrow	16 AL
STORET No. 80082 G Mog.Site No. INF-01-36119	Permit Measurement				Report (Mo; Avg.)	1 (d)		mg/L	2.7	Montaly	16-hour I
TSS	Sample Measurement			<u> </u>	380		en a sagentas en succes	Moc	0	Markey	16-hour)
STORET No. 00530 G Mon Site No. INF-01-36119	Permit Measurement				Report (Mo.Avg.)			mg/L	是	Minuting.	
	Sample Measurement		E 12 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ļ				<u> 2</u> . 1740 - 17	% &↑		160 697 200
	Permit Measurement								1 1	0.44	31 A S. 18
	Sample Measurement								· *		M. Class
	Permit Measurement Sample			ļ			· . 9189.				
	Mea surement-			-		 	,	ÇKAN E			1 7 2 4
	Measurement Sample			-						En	
	Measurement Permit			-					-		
	Measurement Sample			-		\					
	Measurement Permit			 			·				
Dalling Annual Average is the average	Measurement	this guesa and	the preceding 11	month's mo	othly average	1	L	<u> </u>	1	Side.	س <i>نم</i> نطن

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS:

Mid-County Services, Inc. 200 Weathersfield Avc.

Altamonte Springs, FL 32714

PERMIT NUMBER:

FL0034789-002-DWIP MONITORING PERIOD From: Final

LIMIT: CLASS SIZE:

Minor

REPORT: GROUP:

To:

ぐつろしゅつ TOXICITY

PLANT SIZE/TREATMENT TYPE: DISCHARGE POINT NUMBER:

В D001

WAFR SITE NO.:

13.595

FACILITY: LOCATION: Mid-County WWTP 2299 Spanish Vista Dr. Palm Harbor, FL 34668

COUNTY:

Pinellas

DMR date: 2/00

Parameter		Quantity or Loading	Units	Quality	or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Routise)	Sample Measurement	W10(00.0)/ ****		7/00%		pent	0	BINETIN	SP
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement			Medi=d		Run	0		SP
Septiment of				14037				p some	
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement			NODC=9		Rut	٥		SP
				100		1 24:0:W		19. julija.	
NOEL STATRE 7 DAY CHRONIC Pimephales promelas (Routine)	Sample Measurement			7/00%	(3)	Part	Ò	BE Mithy	SP
NOEL STATRE 7 DAY CHRONIC Pimephales promelas (Additional)	Sample Measurement			1602=9		But	0		
						Geno.		5-11-12-2	
NOEL STATRE 7 DAY CHRONIC Pimephales promelas (Additional)	Sample Measurement		alors and any	X100E=9		RIT	0		SP
				100				20110	

^{*} If a second definitive test is required, enter the result in an empty row.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the

BUDINIPA MACHINEN II IN SUN, MUNICIPAL MACHINE		OFFITTERS AND A CARTE OF VINABALLER
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT/	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO DATE (YY/MM/DU)
NAMES (TILLE OF TARTICULAR BALLCO)	A l	
7		m 102-06 - 2)
The Alexander		727-787-78
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments	\mathcal{C}	

^{**} Enter NODI=9 in the results column if no discharge occurred during the reporting period. Enter NODI=9 in the results column if no definitive tests are required.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Taliahassee, 32399-2400

PERMITTEE NAME: MAILING ADDRESS:

Mid-County Services, In. 200 Weathersfield Ave.

Altamonte Springs, FL 32714

PERMIT NUMBER:

MONITORING PERIOD From: LIMIT:

FL0034789-002-DW1P

Minor

В

To: REPORT:

GROUP:

5-31-02 Ambient Mositoring

FACILITY:

Mid-County Services, In.

CLASS SIZE:

PLANT SIZE/TREATMENT TYPE DISCHARGE POINT NUMBER:

D001: Ambient Monitoring

WAFR SITE No.: at Outfall

Domestic 14595

LOCATION:

2299 Spanish Vista Dr.nuc Palm Harbor, FL 34668

DMB 13sta. 02/00

Parameter			Quality or Co	oncentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.6		5-0	8	Quarten	6PB
								GOAC
NSSOLVED OXYGEN	Sample Measurement	a de la companya de l	(9)				^ -	(0,0
Madaga Walanga			0 -		Mar	0	Quarter.	GRAC
EMPERATURE	Sample		20 9		0			
	Measurement		29-8			U	assuracy	GRAB
ALINITY	Sample							
	Measurement		0.4		MOL	6	Quarterry	GRAB
ecal Coliforn	Sample						William Call	
	Measurement		40		Foom	0	Descritery	SLAB
otal Coliform								
Our Contonn	Sample Measurement		99		TOOM	Ö	QuestElly	GRAB
o supplied								
urbidity	Sample Measurement		0.57		XITUS.	i	Ď. 14 7 3 1 1	CARR
			0.3		///		Quarriery	(9/UW)

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein: and based on my inquiry of those individuels immediately recognitive for obtaining the information. I believe the submittee information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							
THE STANGE ALL BARCO HAT OFFICER OR AUTHORIZED AGENT	SIGN	ATURE OF PRINCIP	'AL EXECUTIV	EOFFICER OR AUTHORIZED	AGENT	TELEPHONE NO	DATE (YY/MM/DD)
OMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all affactments her	V	yw d	X	the same	7	727-201-78-8	02-66-25
Comments her control of ANT VIOLATIONS (Reference all affactments her	ne):		7				

12:53p 2.0 92 してい

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PARTY A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400 FACILITY NAME; Mid-County WWTP PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: D001 - Ambient Monitoring at Outfall

PACILITY NAME: Mid-County WWTP MONTH/YEAR: MON 200 Z

WAFR SITE No.: 14595

Parameter		Quantity or Loading	Units	Quality or	Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
TOTAL SUSPENDED SOLIDS	Sample Measurement			1-2		Mar	U	Quitern	GRAB
	i sa sa sansar								
OD, CARBONACEOUS	Sample Measurement			2.0		MGA	0	Durten	GRAB
								or to over	
TOTAL KJELDAHL NITROGEN	Sample Measurement			0.61		Mor	6	Outcom	GRAS
	The second second								
NITRITE-NITRATE	Sample Measurement			1.27		nor	0	Durtury	GRUB
						in Maria		oju a igravije.	12.07 in 12
TOTAL AMMONIA	Sample Measurement			0.02		Mai	0	Durtuer	ang
						10.70		3 (0 0). (c) (f)	
TOTAL PHOSPHORUS	Sample Measurement			0.53/		mer	D	Swrem	GRAB
ORTHO-PHOSPHORUS	Sample Measurement			0.50		mer	0	Quotuny	GRAB
						1100			

5 N 02 Ñ 5

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Mid-County Services, In.

200 Weathersfield Avc. Altamonte Springs, FL 32714 PERMIT NUMBER:

MONITORING PERIOD From:

FLQ034789-002-DW1P

To: REPORT: Ambient

LIMIT:

CLASS SIZE:

Minor В

GROUP: WAFR SITE No.:

Monitoring Domestic 14595

FACILITY: LOCATION: Mid-County Services, In. 2299 Spanish Vista Dr.nue Palm Harbor, FL 34668

PLANT SIZE/TREATMENT TYPE DISCHARGE POINT NUMBER:

D001: Ambient Monitoring Upstream

DMR Date: 02/00

Parameter Pinellas					Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7-6			3-0	U.	Derrom	GRAS
				16.					0.77		
DISSOLVED OXYGEN	Sample Measurement				5.9			Mar	0	Quiterer	6 Rus
5 (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6						Control of the second		-11/10		disc that year	
TEMPERATURE	Sample Measurement				26.5			°C	J	Queren	GRE 3
							7.00	C.		ar e	
SALINITY	Sample Measurement	Andrews and the second			0.2	and the second s		UGL	0	Querery	6P43
100 Telegraphic (1997)							Reportation				
Fecal Coliform	Sample Measurement	Cham white: The boatter			And Ariza in the subset of the si			- the sign of the Sun Superior			
Total Coliform	Sample Measurement										
								i (Mr.)			74.11
Turbidity	Sample Measurement		Additional file with a standard will								
								100			(GAL)

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the SUBMITTED BEGINGOUS IS KIN, SCOMESCO MA VOIDPON. I WILL DAME AND STREET TO SECOND 100 - 00 - 100 - 100 - 1 Refer for formatten for for the she near hilling of fine and imprisonment

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AC	GENT TELEPHONE NO DATE (YY/MM/DD)
Da HOSTET CR	Due Auto	727-28-20 848482-125
TO A ATT TO A VID FIXING LAVATION OF AND VIOLATIONS ATTOMIC TO A COMMON OF A C	-1.	

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400 FACILITY NAME: Mid-County WWTP PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: D001- Ambient Monitoring Upstream

FACILITY NAME: Mid-County WWTP MONTHYEAR: WAY 2002.

WAFR SITE No.: 14595

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a	Sample Measurement			1-0	U6 L	υ	Barrer	GRAS
							Validate V.	100
TOTAL SUSPENDED SOLIDS	Sample Measurement			1.2	Mal	o	Quitany	GRAB
Managasan Berangsyla an Angel								
BOD,, CARBONACEOUS	Sample Measurement			2-0	Mar	o	autury	624.0
					01/		.):1(271); (4)	
TOTAL KJELDAHL NITROGEN	Sample Measurement			. 10.44	M6L	O	dumpahy	GRAB
The Mark								
NITRITE-NITRATE	Sample Measurement			2.39	Mari	G	Outany	GRAS
) mr/abe		3.00	4 t
TOTAL AMMONIA	Sample Mensurement			- 10.03/	mar	O	Donattery	GRAB
						F.(747)		
TOTAL PHOSPHORUS	Sample Measurement			10:15	mon	O	Outany	GRAS
						(C) \$ 1.00	To the late of	
ORTHO-PHOSPHORUS	Sample Measurement			10.13/	MGL	0	Dowtency	GRAB.
						CT CT		3,7

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Binir Stone Rd, Talinhassee, 32399-2400

PERMITTEE NAME:	
MAILING ADDRESS:	

Mid-County Services, In. 200 Weathersfield Ave. PERMIT NUMBER: MONITORING PERIOD From: FL0034789-002-DW1P

To: REPORT: S-3/~~ Ambient Monitoring

FACILITY:

Altemonto Springs, FL 32714

LIMIT: CLASS SIZE: Final Minor B

GROUP: WAPR SITE No.:

Domestic 14595

LOCATION:

Mid-County Services, In. 2299 Spanish Vista Dr.nue Palm Harbor, FL 34668 PLANT SIZE/TREATMENT TYPE DISCHARGE POINT NUMBER:

D001: Ambient Monitoring Down

Downstream

DMR Date: 02/00

	tilas			Divide Dates. Off Off					
Parameter		Qua	Quality or Concentration				Prequency of Analysis	Sample Type	
pH	Sample Measurement	₩ DH	6.6		5.0	0	Que Toncy	GRMB	
			Table Sand						
DISSOLVED OXYGEN	Sample Measurement		7-1		Mbz	O	anotened	GRAS	
		To the limit of							
TEMPERATURE	Sample Measurement		27.9		ه ک	0	Day Tenry	GEAB	
				Period Man					
SALINITY	Sample Measurement		0.3		062 ·	0	Darrame	GRAG	
			Windshift of	THE STATE			0.00		
Pecal Coliform	Sample Measafement		120		Foon	0	Outrus	GRA3	
XV2								All I	
Total Coliform	Sample Measurement		160		Econ	ی	Ontano	GRONS	
Turbidity	Sample Measurement		6.94		(hus	Ď	Outury	GRUB	
			100 (100 (100 (100 (100 (100 (100 (100						

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant canalities for submitting false information including the possibility of line and imprisonment.

		1					
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNAT	URB OF PH	NCIPAL E	XECUTIVE OFFICER OF	RAUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Dor HOSTET (R.	1	W.C		Petter	>	777-787-7928	02-06-25
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments)	tere):		7 1	/	· · · · · · · · · · · · · · · · · · ·		·····

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Taliahassee, 32399-2400

FACILITY NAME: Mid-County WWTP
PERMIT NUMBER: FL0034789-002-DW1P
DISCHARGE POINT NUMBER: D001- Ambient Monitoring Downstream
WAFR SITE No.: 145-25

Parameter		Quantity or Loading		Units	Qualit	Units	No. Ex.	Frequency of Analysis	Sample Typ	
CHLOROPHYLL-a	Sample Measurement					1-0	ULL	0	Outour	6-RAS
TOTAL SUSPENDED SOLIDS	Sample Measurement				^	1-6	mar	0	Quitant	GRAG
										dal.
OD ₅ , CARBONACEOUS	Sample Measurement				•	2-0	mar	0	Dertucy	GRM
					Ky LESTER TANK DE	Vertical parts				
OTAL KJELDAHL NITROGEN	Sample Measurement				·	5.48)	nan	0	during	GRAS
						National Control			6,000 algorithms	
NTRITE-NITRATE	Sample Measurement				•	1-67	Mon	O	autour	GRA
							TO THE PART OF THE		(0)	
OTAL AMMONIA	Sample Measurement					(02)	Non	O	Ou surtems	GRAC
			7.0						TS Offer Salv	
OTAL PHOSPHORUS	Sample Measurement		di di adia and is a settle of		6	.31/	mor	Ð	Our teen	6RIN
			7				7.00			
RTHO-PHOSPHORUS	Sample Measurement	alle distanti sati dalam ne ne se di acci di se	Charley, e 3490			5.28	- m62	9	Rustour	Post

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA0034789-002-DW1P Month/Year: MAY 2002

Facility Name: Mid-County WWTP

Three-month Averag: Daily Flow: 7/6
Daily Flow % of Pen titted Capacity: 79%

·	Flow	CBODS	7000							Daily Flow %	or ben mite	d Capacity;	フタツ
	(MGD)	(mg/L)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.)	TRC (For Dechlorinat.)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Diss lved Ox) gen (C))	CBODS (mg/L)	TSS (mg/L
Code	50050	80082	00530	6RAY3	H-L	Ĺ	(mg/L)	(mg/L)			(m; /L)		
Mon. Site	EFD-01	EFD-01	EFB-01	EFD-01	00400	74055	50060	50060	00600	00665	00: 00	80082	00530
1		<u> </u>	 	L	EFD-01	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01	EFI -01	INF-01	INF-0
2	,744	a-0	1.0	3.8	75-69	<u> </u>	1.0	-01	1.5	.76	7	 	-
3	808		 	1.6	7.5- 30		1.1.	.01		-	7- >	 	
4	.667		 	1.2	76-67	21	1.2	٥			C.		 -
5	.613				26.6.3	-	1.5	.01			6-4-	 	├
6	.690				7-4-69	•	1.2	.0/			6.		
7	653		ļ	1.0	74-70	41	1.5	.01			7.0	 	
8		3.0	-	1-0	24- 68		1.0	.01			7.	 	-
9	.725	aro	1.0		7.3 - C8	<1	1-0	.01	2.0	.68	7	280	380
10	.637			1.0	23- C8	21	1.6	.01		, ,	7.1	200	1280
11	.708			-0	73-68	21	1.2	,01			6.8	 	
12	.609				7.2-67	~	1.3	-01			6.53	-	ļ
13	.664				72-69		1.7	-01			6.8		
14	.625				25-70	21	1-1	.01			7.1		
15		2.0			1.2-6.1	<1	1-2	-01			7.6		
16	699	2.0	1-0	1.0	12-67	</td <td>1.3</td> <td>,01</td> <td>3. 2</td> <td>.24</td> <td></td> <td></td> <td></td>	1.3	,01	3. 2	.24			
17					72-67	< (1.4	-01		· · · · · · · · · · · · · · · · · · ·	7.1		
18	.754			1.0	22-66	<1	2.1	.01			6.8		·
10	602			_	1-6.5		2-6	.01					
20	.694				12.6.5	~	2.2	.01			6.8		
21	670			1.0	3-6.7	21	1.2	.01			7-6		
-22 -	634			1.0 2	2-6.5	21	1.2	,01			7-1		
-33		3-0	1.0		1-65	21	2.3		3.8		7·C		
24	763			1.0 2	1-64	21	1.0	,01	3.0		7-6		
3.0	698			1-0 7	1-6.5	21	1. 2	01			7-0		·
	.561			_ 2	0-64	=	1-2) 		6.7		
<u> </u>	688			- 7.	1-6.5	-		101			6.8		
70 1	698			1.0 7	2-66	<1		. 01			7-0		
	664					/ ,	2-1	.01			7-0		
	648	3.1	1.0		2-6-1	<1			, 		7-0		
<u></u>	685				2-6-7		. 5		0-8		6.8		
	185				3-6-1	<1		-01			7:1 1		

PLANT STAFFING:				B/2018	,	168
Day Shift Operator Evening Shift Operator	Class: Class:		Certificate No:	B.8035	Name:	Dona DE HOTTETER DURACE WINKER -
Night Shift Operator Lead Operator	Class:		Certificate No: Certificate No:	C8824+ 4215	Name:	HOMED & HOSTETEL DANGE WINKER -
Type of Effluent Disposal or Day	Class: Llaimed W	B.	Certificate No:	V 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Name:	DONALE HOSTETEEL.
discharge:	Activated	: Yes: No:	Not Applicable		days of we	
Attach additional sheets if neces	sary to lis	t all certified	operators.			. XA.

When Completed mail this report to: Department of Environmental Protection, Wastewster Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS:

Mid-County Services, Inc. 200 Weathersfield Ave.

Altamonte Springs, Fl. 32714

PERMIT NUMBER: MONITORING PERIOD From:

PLANT SIZE/TREATMENT TYPE:

DISCHARGE POINT NUMBER:

LIMIT:

CLASS SIZE:

FL0034789-1412-DW1P

Minor

To: REPORT: GROUP.

WAFR SITE NO.

Monthly Domestic

14595

FACILITY

Mid-County WWTP

2299 Spanish Vista Dr. LOCATION Palm Harbor, FL 34668

Pinellas COUNTY.

THREE MONTH ROLLING ADF: 698.77 % OF PERMITTED CAPACITY

В

D001

DMR date 2/00

Parameter		Quantity or Loading		Units	Qua	tion	Units	No. Ex.	Frequency of Analysis	Sample Type	
								NOL	0	(Alcumes)	RAA.
BODS	Sample Measurement				2.04			mg/L		Calculated	Rolling Annua Avg.
TORET No. 80082 Y Mon.Site No. EFD-01-36118	Permit Mensurement				(An.Avg.)		2 2	M62	0	WEEKLY	QUHRFPC
BOD5	Sample Measurement	:			2.67 6.25	NODI = 9	2.3	mg/L	<u> </u>	Weekly	, a-hour FPC
STORET No. 80082 l Mon Site No. EFD-01-36118	Permit Measurement				(Mo.Avg.)	(Week.Avg.)	(Max.)	401.)	0	CALULATER	RAA
ISS	Sample Measurement				1.23			Mb-L mg/L	-	Colculated	Rolling Annu
STORET No. 00530 Y	Permit Measurement	•			, (An.Avg.)				-	METKLY	244eipe
Mon.Site No. EFD-01-36118	Sample Measurement				/ <u>()</u>	XNDI = 9	/. O ≈10.0	M& L mg/L	O_	Weekly	16-hour FPC
STORET No. 00530 1.	Permit Measurement		1 1/2 1/2		(Mo.Avg.)	(Week Avg.)	(Max.)	 		5 DWK	GRAB
Mon.Site No. EFD-01-36118 ISS	Sample Measurement						3.0	M6-L mg/L	0	7 Days/Week	Gmb
STORET No. 00530 B	Permit Measurement						(Max.)	-	-	C. STERNING	METER
Mon.Site No. EFB-01-36383	Sample Measurement				64		7. 7	5. U.	0	Continuous Continuous	Meter
STORET No. 00400 1 Mon.Site No. EFD-01-36118	D	4-3-4			6.0 (Min.)		(Max.)		100	and sometimes	State of the

¹Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the requirite and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Section Co.	·		The second of the control of the con	ATTHORIZED AUENCE	1	
NAME/TITLE OF P	RINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCI	PAL EXECUTIVE OFFICER OR	A	762 787 7918	02-07-25

DISCHARGE MONITURING REPORT - PART A (Continued)

FACILITY NAME: Mid-County WWTP

PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

lordh/Year: SONE Parameter		Quantity	or Loading	Units	Qua	ality or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Ty
Fecal Coliform Bacteria	Sample				<1		21	100ML	0	SOWK	6RAB
	Measurement Permit		Robert Britanica	7 69 (A Si.	Non Detectable	Karis Bala Silv.	25 h	#/100mL	4),	1 DAYS (WEST	Orab
STORET No. 31615 1 Mon. Site No. EFD-01-36118	Measurement				(75 Percentile)		(Max.)			14.14.60	METER
TRC for disinfection	Sample Measurement				1.0			Mes.	0	16 bh 68AB	Meter
STORET No. 50060 A Mon Site No. EFA-01-36356	Pennit Measurement				1.0 (Min.)			mg/L		Continuous	Carrier By
TRC for dechlorination	Sample						0.01	MGL	0	HOURM	GRAG
STORET No. 50060 1 Mon. Site No. EFD-01-36118	Measurement Permit Measurement						0.01 (Max.)	mg/L		Hourly	e Grab
Mon. Site No. EPD-91-30113 Nitrogen	Sample Measurement				1.51			MEL	0	AW LATED	RAA
STORET No. 00600 T Mon. Site No. EFD-01-36118	Pennit Measurement				3.0 (An.Avg.)			ms/L as	19.1	c.lentred	Rolling Ac
Nitrogen	Sample Measurement				2.05	NODI = 9	3.0	MP-F	0	WEEKLY	24HRF
STORET No. 00600 1 Mon.Site No. EFD-01-36118	Permit Measurement	3 4 4			3:75 (Mo.Avg.)	(Week.Avg.)	6.0 (Max.)	mg/L sa N	1	Verig	
Phosphorus	Sample Measurement				.64			MCL	0	Calculated	24HPF
STORET No. 00665 y Mon.Site No. EFD-01-36118	Pennit Measurement				1.0 (An.Avg.)			mg/L as		是是不是 第四	
Phosphorus	Sample Measurement				.80	X0DF=9	1.1	MET.	0	WEEKLY	JYKUFT 16thau
STORET No. 70507 1	Permit				1.25 (Mo.Avg.)	1.5 (Week Avg.)	1 2.0 (Max.)	mg/L as		Weekly	100000
Mon Site No. EFD-01-36118 Oxygen, Dissolved (DO)	Measurement Sample	 	 	+	(7	1		Wer	0	DÆM	GRAL
Oxygai, Dissolva (DO)	Measurement		<u> </u>	 	5.0	 	 	mg/L	+	Daily	Grat
STORET No. 00300 1 Man. Site No. EFD-01-36118	Permit Measurement]		1	(Min.)	<u> </u>	<u> </u>		1		1

11:43a 20 \ 0

DISCHARGE MONI. AING REPORT - PART A (Continued)

FACILITY NAME: Mid-County WWTP MONTH/YEAR: DUNC 2002.

PERMIT NUMBER: FL0034789-002-DW1P

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

Parameter		Quantity	y or Loading	Units	Qu	ality or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Ty
Flow	Sample Measurement	.725	.700	WED		T			0	CONTRUCS	- 22
STORET No. 30050 1 Mon.Site No. ÉFD-01-36118	Permit Measurement	0.900 (AADP ²)	Report (Mc Avg.)	mgd					37	Continuous	Flow Meters
Flow	Sample Measurement		.725	MOD	 	 	 				Flow Meters Total or
STORET No. 50050 Y	Pennit			-			İ	1	0	MOSHALL	CRAA.
Mon.Site No. EFD-01-36118 CBOD5	Measurement		Report (Ann.Avg.)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg
	Sample Measurement				130			MGL	0	Mostvery	
STORET No. 80082 G Mon. Site No. INF-01-36119	Permit Measurement				Report		3 - 3 - 3 - 3 - 3 A	mg/L	<i>)</i> (Monthly	16412 Conf
TSS	Sample	······································			(Mo, Avg.)						/
STORET No. 00530 G	Measurement Permit			<u> </u>	Report			MEL	٥	Marthy	16 HKU-P
Mon.Site No. INF-01-36119	Measurement Sample				(Mo.Avg.)			mg/L		Monthly	16-hour PP
	Measurement							,			
· · · · · · · · · · · · · · · · · · ·	Pennit Measurement						11 11 11 11 11 11				ip or iping
	Sample Measurement										
	Permit Measurement									1 / Aug 1 / Aug	
	Sample					**************************************					
	Measurement Permit						,				
	Measurement Sample										
	Measurement							I			
	Permit Measurement										
	Sample Measurement										····
[Permit					<u>·</u>					
offing Annual Average is the average of	Measurement	1			1			ŀ	- 1		

DAILY SAMPLE RESULTS - PART B

Permit Num er: FI.A0034789-002-DW1P Month/Year: JUNE 2002

Facility Name: Mid-County WWTP

Three-month Average baily Flow: Daily Flow % of Permi ted Capacity: 27%

698

	Flow MGD)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	TRC (For Dechlorinat.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissol· ed Oxyg n (DO (mg/l)	CBOD5 (mg/L)	TSS (mg/L
Code Mon, Site	50050	80082	00530	00530	00400	74055	50060	50060	00600	00665	0030	80082	00530
MOR. SHE	FD-01	EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01	EFD- I	INF-01	INF-0
2	283			~	72-6-1	-	1.2	. 01			68		
3	663				72 63	_	2.1	.01			7.0		
4	665			/- C	12-61	41	1-0	.01			7.1		-
5	659			1.0	72-68	<i>L1</i>	1-0	. 01			69		
- 6	680	2.0	1.0	1.0	12-67	41	1.5	-01	2.9	1.1	7.0		
- 7	738			1.0	7.6-67	41	2-8	, 5 1		7 - 1	7.0		
8	643			1.0	72. C.T	</td <td>1.0</td> <td>-01</td> <td></td> <td></td> <td>6.8</td> <td></td> <td></td>	1.0	-01			6.8		
9	620			*	7.1-6.6	~	17	.01			6.8		
10	طۍ				71-66		2.5	.01			7.5		-
11	96			1-0	12-66	41	2-1	- 6-1			7.4		
12	639	~		1.0	72-68	< i	1.6	-01			7 3		
13		2.0	10		7.3-67	<u> </u>	j-3	.01	13	- 53	7.4		
14	150				73- CB	41	1.4	-ēr i			7-4		
15	699				12:57	4	1.4	.01			6.8		
16	044				23.67		10	-61			7.6		
17	674				7.6 63	_	1.9	, g i			7-2		
18	696				21-67	L1	1.4	, c /		-	6.8		
19	71	-			7.3-67	41	1.8	.01			77		
20	48	3.0	1.0		74-67	<1	٦. ك	.c(3.0	.50	76	130	190
21				10	1.2-67	<1	2.4	. e(7-3	130	110
22	,78			1.0	12- 67	61	27	- 6 i			6.8		
23	28				12-67		1-2	.01			6.28	+	····
24					7.7- 6-4		1.6	.01			7.4		
25	18				72-66	41	1.5	. e (7.9		
26					3-66	<1	2.0	.01			8.2		
27	122	9.3	1.0		2-66	41	2.0	.61	1.0	11	8-5		
28	04			1.6 1	2-64	<1	2.6	.01	Dif		8/		
29				1.0 1	2-68	41	a-/	, 1	53 7	<u>- </u>	2.8		
	80			- /	0- £6	_	2.1	.01			6-7		
31	1,13			- 2	0.65		3-6	- 5 (82		
											- +		

				The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			i i		- 1	
PLANT STAFI ING:		\sim		B12018		T) (2) (T)		7.	KIE	
Day Shift Oper tor	Class:	RIB	C	0.0		- DAGI		00	A-CE	-:
Evening Shift (perator	Class:		Certificate No:	138032	Name:	anend	.<- ↓	401.70	27/12	۲.
Night Shift Operator	Class:		Certificate No:	(8854 - ASIZ	_ Name:	,	ALDERCIA		TOPT	Sort
Lead Operator	Clares		Certificate No:	X/A	Name:	XCA -	- ware	<u></u>	1001	7016
Type of Effluer Disposal or Rec	ده د سنداد		Certificate No:	B-8033	Name:	Douges	7= 7	70 (76		
Discharge William Discharge	Activated	der Keuse:			ZEEK			10210	166	
aracital Sc.			Not Applicabl	c: If yes, cumulativ	e days of w	et weather	V.			
Attach additional sheets if neces	sary to lie	et all comificat			-			<u> </u>		
	10 21	or was occurrented	operators.							

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Mid-County Services, Inc.

200 Weathersfield Ave.

Altamonte Springs, FL 32714

PERMIT NUMBER:

CLASS SIZE:

MONITORING PERIOD From: LIMIT:

PLANT SIZE/TREATMENT TYPE:

DISCHARGE POINT NUMBER:

FL0034789-002-DWIP 6-1-02 Final

Minor

D001

В

To: REPORT: GROUP:

WAFR SITE NO.:

6.3.02 TOXICITY

FACILITY: LOCATION: Mid-County WWTP

2299 Spanish Vista Dr.

Palm Harbor, FL 34668

COUNTY:

Pincllas

DMR date: 2/00

14595

Parameter		Quantity or Loading		Units	Qua	Units	No.	Frequency of	Sample Type		
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1 certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penaltics for submitted for obtaining the information, I believe the

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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference	ce all attachments here)		121-101	105-01-5,

^{**} Enter NODI=9 in the results column if no discharge occurred during the reporting period. Enter NODI=9 in the results column if no definitive tests are required.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME MAILING ADDRESS:

Mid-County Services, In. 200 Weathersfield Ave.

Altamonte Springs, FL 32714

PERMIT NUMBER:

MONITORING PERIOD From: LIMIT:

FL0034789-002-DWIP

Final

To: REPORT: 6.30.02 Ambient

FACILITY: LOCATION: Mid-County Services, In. 2299 Spanish Vista Dr.nue CLASS SIZE:

PLANT SIZE/TREATMENT TYPE DISCHARGE POINT NUMBER:

Minor

GROUP: WAFR SITE No.:

Monitoring Domestic 14595

COLBUTY

Palm Harbor, FL 34668

D001: Ambient Monitoring at Outfall

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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):		120			0 ()

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400 FACILITY NAME: Mid-County WWTP PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: D001 - Ambient Monitoring at Outfall MONTH/YEAR:

WAFR SITE No.: 14595

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When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Taliahassee, 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Mid-County Services, In. 200 Weathersfield Avc.

Altamonte Springs, FL 32714

PERMIT NUMBER:

MONITORING PERIOD From:

FL0034789-002-DW1P

To: REPORT: Ambient

LIMIT:

CLASS SIZE:

Minor PLANT SIZE/TREATMENT TYPE

GROUP: WAFR SITE No.: Monitoring Domestic 14595

FACILITY:

Mid-County Services, In.

DISCHARGE POINT NUMBER:

D001: Ambient Monitoring

Upstream DMR Date: 02/00

LOCATION:

2299 Spanish Vista Dr.nuc Palm Harbor, FL 34668

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I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the and a make I am sware that there are significant penalties for Submitting false information including the possibility of fine and imprisonment

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATUR	E OF PRINCIPAL	EXECUTIVE	OFFICER OR AL	UTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
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When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400 FACILITY NAME: Mid-County WWTP

MONTHYEAR:

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When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERM	ITTEE	NAME:

Mid-County Services, In.

PERMIT NUMBER:

CLASS SIZE:

FL0034789-002-DW1P

6-30.50

MAILING ADDRESS:

200 Weathersfield Ave. Attamonto Springs, PL 32/14

MONITORING PERIOD From: LIMI1:

6-1-02 Final

To: REPORT:

Ambient Monitoring

FACILITY:

Mid-County Services, In.

PLANT SIZE/TREATMENT TYPE DISCHARGE POINT NUMBER:

Minor В

GROUP: WAFR SITE No.:

Domestic 14595

LOCATION:

2299 Spanish Vista Dr.nue Palm Harbor, FL 34668

D001: Ambient Monitoring Downstream

DMR Date: 02/00

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I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

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When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400 FACILITY NAME: Mid-County WWTP

PERMIT NUMBER: FL0034789-002-DW1P

DISCHARGE POINT NUMBER: D001- Ambient Monitoring Downs

DISCHARGE POINT NUMBER: D001- Ambient Monitoring Downstream WAFR SITE No.: 14595

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When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Mid-County Services, Inc. 200 Weathersfield Ave.

Altamonte Springs, FL 32714

PERMIT NUMBER: MONITORING PERIOD From:

To: REPORT: GROUP:

Monthly Domestic

LIMIT: CLASS SIZE:

PLANT SIZE/TREATMENT TYPE: DISCHARGE POINT NUMBER:

Minor D001

WAFR SITE NO.:

14595

FACILITY: LOCATION: Mid-County WWTP 2299 Spanish Vista Dr.

Palm Harbor, FL 34668

COUNTY

Pinellas

THREE MONTH ROLLING ADF:.739 81%% OF PERMITTED

DMR date: 2/00

Parameter		Quantity	or Loading	Units	Qual	ity or Concentra	1011	Units	No. Ex.	Analysis	
r at atticies					I			MEL	0	(Alberto D	RAA-
BOD5	Sample Measurement				2.0Y 5.0		· ·	mg/L	,	Calculated	Rolling Annua Avg. ¹
TORET No. 80082 Y Mon.Site No. EFD-01-36118	Permit . Measurement				(An.Avg.)	1.12	2 2	mar	0	WEEKLY	ZYATPC
BOD5	Sample Measurement			11 July 12	3-0	X10DF= 9	10.0	mg/L		Weckly	-16-hour FPC
STORET No. 80082 1 Mon. Site No. EFD-01-36118	Permit Measurement		Sec. Contract	4 · ///		(Week Avg.)	(Max.)	mbl	0	CAKULATED	RAA.
rss	Sample Measurement				5.0			mg/L	-	Calculated	Rolling Annu Avg. ¹
STORET No. 00530 Y	Permit Measurement		共 独计设施	200	(An.Avg.)	颁 取(图 500	1. 4	Mal	0	WEEKY	ày HIFF
Mon.Site No. EFD-01-36118	Sample Measurement				/- O	1.5 No DE = 9	₹10.0	mg/L	; 4,4	Weekly	616-hour FPG
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Mon.Site No. EFD-01-36118	Sample Measurement			<u> </u>	33745		J- 0 5.0	Me/L		7 Days/Week	Grab
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Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, according to a submitting false information including the possibility of fine and imprisonment. TOATE (VV/MM/DD)

submitted information is true, accurate and sometimes	IPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I CLUL I CONTRACT	
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIGNATURE OF PRINC	A Transaction	22787-7578	02-08-23
The forther Wall	Neces		
JON RAIL			

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

CILITY NAME: Mid-County WWTP unth/Year: JULY 2002		Quantity	or Loading	Units	Qua	ality or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample T
Parameter		Quantity	Of Dogume				11	Toom	O.	Souk	GLAF
ecal Coliform Bacteria	Sample Measurement		and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	an and the first	Non Detectable	ands Addicate	26 26	#/100mL	- N	V 7000 000000	14,000
TORET No. 31615 1 Jan She No. 270-01-36118	Permit Massurement	The state of			(75 Pencentile)		(Max.)	MGZ	0	16464B	GENB
RC for disinfection	Sample Measurement			MANAGE SHEET] · 0	5 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		me/L		Continuous	Vet
STORET No. 50060 A Mon Site No. EFA-01-36356	Permit Measurement	到得 外			(Mit.)	24.0		11.6	0	Housey	GRAL
RC for dechlorination	Sample Measurement		20 1 3 3 4 4 4 A	26761 (2521)	a i julijski mar tijasa		0-01	Me L		Hourie	Gis
STORET No. 50060 1 Man Site No. EPD-01-36118	Pennit Measurement	Section 1		MSAY.			(Max.)	mal	0	CALCUHER	RA
itrogen	Sample Measurement		5000	Parkery and	/5/			mb/E as	I	C len and	
STORET No. 00600 Y Mon. Site No. EFD-01-36118	Permit Measurement				(As.AVA)		2.4	mul	1	411737	24AF
Vitrogen	Sample Measurement			A E-SVETTE AUST	1.71	101x - 9	6.0	mg/E as		weeks !	16 hou
Mon Site No. 00600 1	Permit Measurement		等沙漠		(Mo Ave.)	(Week Avg.)	(Max.)	N ()	0	(Allurie ?	244F
Phosphorus	Sample Measurement				1.66	TOTAL PROPERTY.		mg/Las	<u> </u>	Calculated	1640
STORET No. 00665 y Man, Site No. EFD-01-36118	Permit Measurement				(An,Avg.)	100	97	no()	0	WEEKLY	244
Phosphorus	Sample Measurement			<u> </u>	37	NODF-9	1 2.0	MG-L mg/L as	1	Weskin	1616
STORET No. 70507 1 Mon. Site No. EFD-01-36118	Permit Measurement				(Mo.Ave.)	(Week.Avg.)	(Max.)	P	0	DATEM	660
Oxygen, Dissolved (DO)	Sample Measurement				6.7		 	MG-Z	+	Daily	0
STORET No. 00300 Mon. Site No. EFD-01-36118	Permit Measurement				(Mia.)		1		1		<u></u>

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FL0034789-002-DWIP DISCHARGE POINT NUMBER: **D00**1

WAFR SITE No.: 14595

ILITY NAME: Mid-County WW IF ITH/YEAR:		Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
w	Sample	-732	.835	WRO				S. CAN S. E.	٥	Contracts	METER
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m Site No. ERD-01-36118	Measurement Sample	(AADE)	.732	MGD				State Fig. 5	0	Monthly	CRAA.
ORET No. 50050 Y n.Sike No. EFD-01-36118	Measurement Permit Measurement		Report (Ann.Avg.)	mgd						Calculation	(Rolling Annual Avg
DD5	Sample Measurement				160 Report			Mol	0	MoofHu	16 He GELL
ORBT No. \$0082 G n. Site No. INF-01-36119	Permit Measurement				(Mo,Avg.)	4 5 6	(1) (1) (1) (1) (1) (1) (1) (1)	146 L	0	Meritan	1600 GA
	Sample Measurement Pennit				Report (Mo.Avg.)			mg/i			16-hook El
ORET No. 00530 G n Site No. INF-01-36119	Measurement Sample				(Ma'YAR')		W.S.	- 44.87 E.S.		Times and the	
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	Measurement Permit		-		+	 	·				

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:
MAILING ADDRESS:
MINITUM LIDER

Mid-County Services, Inc.

200 Weathersfield Ave. Altamonte Springs, FL 32714 PERMIT NUMBER:

MONITORING PERIOD From:

FL0034789-002-DW1P 7-1-00

Final

Minor

D001

В

TOXICITY

14595

LIMIT: CLASS SIZE:

PLANT SIZE/TREATMENT TYPE: DISCHARGE POINT NUMBER:

REPORT: GROUP:

To:

WAFR SITE NO .:

FACILITY: LOCATION: Mid-County WWTP 2299 Spanish Vista Dr.

Palm Harbor, FL 34668

Pinellas COUNTY:

DMR date: 2/00

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type	
NOEL STATRE 7 DAY CHRONIC Ceriodaphala dubia (Routing)	Sample Measurement				7/00%			Resul	O S	er extraorally,	275;212;mile
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement				NODE 9					(* (* AVALATION AL) (* 15 ar julius)	D-grain
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement				X1007=9			12-16-101		(300 165 0) (447 5) (4	100
NOEL STATRE 7 DAY CHRONIC Pimephales promelas (Routine)	Sample Measurement				7/00%			Pent T		PHENGHOLDS	(m. 30 cos)
NOEL STATRE 7 DAY CHRONIC Pimephales promelas (Additional)	Sample Measurement				NODZ=9			7 Fe-iii		Condinances	e desidi
NOEL STATRE 7 DAY CHRONIC Pimephales promelas (Additional)	Sample Measurement				Most-d			ed Street		i Sandari S	Total Park

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

certify dides penalty of the accurate and complete. I am aware that there are significant penalties to submitting table information accurate and complete. I am aware that there are significant penalties to submitting table information accurate and complete. I am aware that there are significant penalties to submitting table information accurate and complete. I am aware that there are significant penalties to submitting table information accurate and complete. I am aware that there are significant penalties to submitting table information accurate and complete. I am aware that there are significant penalties to submitting table information accurate and complete. I am aware that there are significant penalties to submitting table information accurate and complete. I am aware that there are significant penalties to submitting table information accurate and complete. I am aware that there are significant penalties to submitting table in the submitted table.	TELEPHONE NO	DATE (YY/MM/DU)
	727-757-7578	56-08-93

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

^{**} Enter NODI=9 in the results column if no discharge occurred during the reporting period. Enter NODI=9 in the results column if no definitive tests are required.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tailahassee, 32399-2400

PERMITTEE NAME: MAILING ADDRESS:

Mid-County Services, In. 200 Weathersfield Ave.

Altamonte Springs, FL 32714

PERMIT NUMBER:

MONITORING PERIOD From: LIMIT:

FL0034789-002-DW1P

Minor

В

To: REPORT:

Monitoring Domestic GROUP: 14595

FACILITY:

Mid-County Services, In. 2299 Spanish Vista Dr.nue CLASS SIZE:

PLANT SIZE/TREATMENT TYPE DISCHARGE POINT NUMBER:

D001: Ambient Monitoring

WAFR SITE No.: at Outfall

DMR Date: 02/00

OCATION: Palm Harbor, FL 34668 COUNTY: Parameter Parameter			Qua					Sample Type
1 4. 4					5.0		•	
	Sample Measurement		7.4			7/100	OFFICE	
	1000						<u> </u>	
SSOLVED OXYGEN	Sample Measurement		6.5		WP5		0.00	Verilly 3
					00			11
MPERATURE	Sample Measurement		30.3				ા હા નવા"	क्षात्र कार्यक्ष
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otal Coliform	Measurement				7/2000/50		72/05/16/17	
	Sample				NTO	>		1
urbidity	Measurement		1 - S		***************************************		E 12700111223 b .	

believe the standard of the that I have nersonally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant formation including the possibility of fine and imprisonment.

indifficed find find find find find find find fin	AGENT TELEPHONE NO	DATE (YY/MM/DD)
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	727-787-2928	02-08-23
D 1/25-1718	121-701	
105/E/200		

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400 FACILITY NAME: Mid-County WWTP

PERMIT NUMBER: FL0034789-002-DW1P

DISCHARGE POINT NUMBER: D001 - Ambient Monitoring at Outfall

FACILITY NAME: Mid-County WWTP MONTH/YEAR: SULY 2007.

WAFR SITE No.: 14595

Parameter		Quantity	or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Ty
TOTAL SUSPENDED SOLIDS	Sample Measurement				1.0			ME T			
			le control ()								
BOD ₅ , CARBONACEOUS	Sample Measurement				2.0			M6-L		e a Olanori Can	
	Paris 2007										
TOTAL KJELDAHL NITROGEN	Sample Measurement				0.22	1727		Mer	14444		
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A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

W Bell Completes man		
PERMITTEE NAME:	Mid-County Services, In.	

200 Weathersfield Ave. Altamonte Springs, FL 32714 PERMIT NUMBER:

MONITORING PERIOD From: LIMIT:

FL0034789-002-DW1P

7-1-02 Final

To: REPORT:

Ambient Monitoring Domestic

CLASS SIZE:

PLANT SIZE/TREATMENT TYPE

Minor В

GROUP: WAFR SITE No.: Upstream

14595

FACILITY: LOCATION:

MAILING ADDRESS:

Mid-County Services, In. 2299 Spanish Vista Dr.nue DISCHARGE POINT NUMBER:

D001: Ambient Monitoring

DMR Date: 02/00

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I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate any submitted information including the possibility of fine and imprisonment.

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ibmitted information is true, accurate and companies	O ALTHORIZED AGENT	TELEPHONE NU DALE (LINE)	
OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	-8-7	₹
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400 FACILITY NAME: Mid-County WWTP

PERMIT NUMBER: FL0034789-002-DW1P

DISCHARGE POINT NUMBER: D001- Ambient Monitoring Upstream

WAFR SITE No.: 14595

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Protection Wastewater Pacilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

When Completed mail th	is report to: D	epariment of Enviro	amental Protec	ofion, Wastowater Pa	ICITIES INTRIFE	Bounate page	and Daylin			_ ~	21.00		
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

FACILITY NAME: Mid-County WWTP
PERMIT NUMBER: FL0034789-002-DW1P
DISCHARGE POINT NUMBER: D001- Ambient Monitoring Downstream
WAFR SITE No.: 14595

Parameter		Quantity (or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a	Sample		***************************************		:	13		ره د			NORTH CONTROL
	Measurement (12 mil)					100000		30 10 Tu 17 0 4		Particularly and the second	
TOTAL SUSPENDED SOLIDS	Sample		and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th		and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	1. 2_	-	Mer	TO COLUMN		Appropriate strategy
	Measurement		7/77/79 67/5			10-10-10-10-10-10-10-10-10-10-10-10-10-1		22.17.00		79, 120, 00-114.5%	
OD, CARBONACEOUS	Sample		and the second second	and a set on the	-	2-0	-	Mar	746-2794		
								(F) (F)		Opriical as	
OTAL KJELDAHL NITROGEN	Sample Measurement		handragista a mendebe edili d	And and the source of the source of	-	0.16	- Course	Mal		Vestorene i vale	- Walland Great
110 11 11 11 11 11 11 11 11 11 11 11 11				521.70							
ITRITE-NITRATE	Sample Measurement	2.55			-	0.27		Mar	S. Sarah C. A		uara maisa
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OTAL AMMONIA	Sample Measurement	Landing of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta			-	0.11		MGL			
10 1 11 0 0 10 10 10 10 10 10 10 10 10 1						18.07					
TOTAL PHOSPHORUS	Sample Measurement					0.37		MGL	E 1126431	Sec Orlander Maria	a and a second
						ALC 2 Suns					
ORTHO-PHOSPHORUS	Sample Measurement				-	0.32		W61			
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			1				etts oursec			

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA0034789-002-DW1P Month/Year: JULY 2002

Facility Name: Mid-County WWTP

Three-month Average Paily Flow: (734)
Daily Flow % of Permi ted Capacity: 8)%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	(mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	TRC (For Dechlorinat.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissol ed Oxyg n (DC (mg/)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00530	00400	74055	50060	50060	00600	00665	003()	80082	00530
Mon. Site	EFD-01	EFD-01	EFB-01	EFD-01	EFID-01	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01	EFD- II	INF-01	INF-01
1	.997			1-0	71-65	<u> </u>	2.7	0.01			8.C		
2	.934			1.0	7.0- 66	21	3.0	0.01			7.8		
3	.847	2-0	1-4	1.0	70-65	</td <td>3.1</td> <td>0.01</td> <td>1.4</td> <td>0.23</td> <td>7.8</td> <td>160</td> <td>240</td>	3.1	0.01	1.4	0.23	7.8	160	240
4	.826			1.0	71-65	<i>21</i>	1.7	0.01			6.7		
5	878			1.0	7.1- 66	21	2-1	0-01			6.8		
6	.743				71-66		1.5	0.01			6.8		
. 8	.872				7.1-66		2.4	0.01			6.8		
9	.862			1-0	20-67	4	1.9	0.01			6		
	847			1.0	71-65	<1	1.3	0-01			7		
10	.769	2-0	1.0	1.0	72.62	41	1.0	0.01	1.5	0.27	7-7-	 	
11	.827			1-0	21-65	41	1.5	0-01	1	1	68		
12	818			1-0	7-1- 67	41	2-3	0.01			6. 5	<u> </u>	
	.986	ļ			71.65		1.3	0.01			6	ļ 	
4	.840			-	7.2-66	_	2.5	0-01		1	7.3		
15	.830			1.0	7.2-62	<1	2.2	0.01		T	7.6		
16	.803			1-0	72.66	21	1.9	0.01			7.3		
17	.115			1-0	7.2- 6.6	41	1.5	0.01		1	7.	<u> </u>	
18	.844	20	1-0	1-6	7.2-67	21	2.1	0.01	24	0.16	7.5	 	
19	850			1.0	70-6-7	41	2.9	0.01	18-1		6	 	
20	.764			_	73-68	_	2.0	0.01	†		6-8	 	
21	,304				13.68		2.7	0.01	<u> </u>	 	7.7	 	
22	.870			<i>j</i> . 0	7469	41	27	0-01	 		7.		
23	.877			1.0	23-68		2-1	0.01	<u> </u>	 	6	 	†
24	.785	2.0	1.6	1-0	7.3- 69		22	0.01	1.1	0.26	7-1	 	
25	.937			1.0	72-69		1.6	0.01	† <i>*-*</i>	†	 	 	
26	.912			1:0	72- (8		a.1	0.01		<u>† </u>	6-1	1	
27	.750			3	72-68		12	0.01			6-1	 	
28	.800			-5-	73-69	32	1.5	0.01		1	7.0	<u> </u>	1
29	.790			1.0	73-69	 	1.9	0.01	 	 	7.1-	 	
30	. 756	}		1.0	75-70		1.8	0.01	 	 	7.5	 	1
31	136	2.0	1-0	1.0	74-70	<1	1.1	001	1.8	0.93	7- 5	 	

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PLANT STAFFING:		~ -		B 12018		DURB C	wike	Z.
Day Shift Operator	Class:	<u>57B</u>	Cartificate No:	B.8035	Name:	DONISHDE	4050	ETIEL
Evening Shift Operator Night Shift Operator	Class:	CTA	Certificate No:	C837- A512	Name:	HEWAND & FLOW		PA JOHNS
Lead Operator	Class:	-KA	Cartificate Ma.	<u> </u>	Name:	MA		
Type of Effluent Disposal or Re-	claimed	Water Reuse:	CURL	B. 803 S	Namo: -k⊏	DONNE E	1705	etler.
Limited Wet Weather Discharge discharge:	Activate	ed: Yes: No			e days of v	vet weather	NA:	**************************************
American test				•				

Attach additional sheets if necessary to list all certified operators.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS:

Mid-County Services, Inc. 200 Weathersfield Ave.

Altamonte Springs, FL 32714

PERMIT NUMBER: MONITORING PERIOD From: FL0034789-IXI2-DW1P 8-1-02

To: REPORT: 8.31-5-Monthly

LIMIT: CLASS SIZE: Final Minor

GROUP:

Domestic

PLANT SIZE/TREATMENT TYPE: DISCHARGE POINT NUMBER:

В D001

WAFR SITE NO .:

14595

FACILITY:

Mid-County WWTP

LOCATION:

2299 Spanish Vista Dr. Palm Harbor, FL 34668

COUNTY:

Pinellas

THREE MONTH ROLLING ADF:

87 % OF PERMITTED CAPACITY

DMR date: 2/00

Parameter		Quantity or Loading		Units Quality or Concentration				Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample				2.0			MGL	0	(ALCULATES)	RAA.
CBOD5	Measurement				5.0			mg/L	 .	Calculated	Rolling Annual
STORET No. 80082 Y Mon.Site No. EFD-01-36118	Permit Measurement				(An.Avg.)						Avg.1
CBODS	Sample Measurement				2.0	400F=9	3.0	MG/L	0	Weekly	AYAFPC 16-hour FPC
STORET No. 80082 1	Permit			7 (4) 4 (4) 8	6.25 (Mo.Avg.)	7.5 (Week.Avg.)	10.0 (Max.)	III L			_
Mon.Site No. EFD-01-36118	Measurement Sample				1.10			mal:	0	CALCUTTER	Rolling Annual
STORET No. 00530 Y	Measurement Permit				5.0 (An:Avg.)	terfore is the		mg/L		Calculated	Avg.1
Mon.Site No. EFD-01-36118 TSS	Measurement Sample				1.0	NODF=9	1.0	MGL	0	WEEKLY	ZYAFPC
	Measurement Permit		- 44 - 68 - 14 6	i popular	\$6.25 g	(Week Avg.)	(Max.)	mg/L		Weekly	16-hour FPC
STORET No. 00530 122 Mon. Site No. EFD-01-36118	Measurement			11:01 K	(Mo.Avg.)	(WeekAvg.)	/. 0	MG L	0	SDWK	6RAB
TSS	Sample Measurement		- AV . 14		W. 201	- 3.% 3.1	<u></u>	mg/L		7 Days/Week	Grab
STORET No. 00530 B Mon.Site No. EFB-01-36383	Permit	<u> </u>		数數學			(Max.)				
pH	Sample Measurement				6.4	1000 0000 0000	7.5	S.U.	0	Continuous,	METER
STORET No. 00400 1 Mon. Site No. EFD-01-36118	Permit Measurement		40000		(6.0 °	是许多的	8.5 (Max.)	S.U.	1300	一个人。	[] 特别特殊学科。

¹Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submittee morniagion is use, assistant the possibility of fine and imprisonment.

Lauci Lauci	ATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TEL	EPHONE NO DATE (YY/MM/DD)
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIG	TORE OF PRINCIPLE EASTERN 1227-	787-7978 06-09-20
11	Kan de Constitution 12"	
MOSTE CER		

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DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Mid-County WWTP

PERMIT NUMBER: PL0034789-002-DW1P

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

Aonah Year: AUG 2002 Parameter		Quantity	or Loading	Units	Qua	ality or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample T
Fecal Coliform Bacteria	Sample				//		41	Form	0	5DUF	GRAL
STORET No. 31615 1 Mon. Site No. EFD-01-36118	Measurement Permit Measurement				Non Detectable (75 Percentile)		26 (Max.)	#/100mL		4 Del 194	Grab Pa
TRC for disinfection	Sample Measurement				1-0		5555450V - 10 8 W	MG-L	0	16 DO GLAGS Combinuous	62 W
TORET No. 50060 A Mon.Site No. EFA-01-36356	Permit Measurement	为是为此			1.0 (Min.)				y a		1.00
FRC for dechlorination	Sample Measurement			973 - 1103	Treating of the control	C 196 (80) 9 680 0	0.01	Me L	ं ं}	HOUR LY	GRAE
TORET No. 50060 1 Mon. Site No. EFD-01-36118	Pennit Measurement						(Max.)				000
vitrogen	Sample Measurement			13.5° e -3-33 u	1-87	Se Sie Spalsskill		me/Las	0	CALCUTER	Rolling
STORET No. 00600 Y Mon. Site No. EFD-01-36118	Permit Measurement			T.	(An Avg.)			15,25° L 100	No.		ZYAFI
Vitrogen	Sample Mea surement		444	3829918333	4-0	40721:9	5.9	M) (L f	\$ 10 m	WEEKLY	16-hour
STORET No. 00600 1 Mon. Site No. EFD-01-36118	Permit Moa surement			N. S.	(Mo.Avg.)	(Week Avg.)	(Max.)	NO.	(3.9)		
Phosphorus	Sample Measurement				0.69			MG-Las	0	Calculated	24AF
Mon. Site No. EPD-01-36/18	Permit Measurement			<u>(4.3.3)</u>	(An.Avg.)		10	p 2		1 College	2446
Phosphorus	Sample Measurement Permit				0.44	400I=9	2.0	mg/L'as	0	WOCKIN	16 hour
TORET No. 70507 1 Aon. Site No. EFD-01-36118	Measurement Sample				(Mo.Ave.)	(Week.Avg.)	(Max.)	P		DOTAL	600
Dxygen, Dissolved (DO)	Measurement Permit				5.0			MG L	0	Darly	Gra
STORET No. 00300 L Man.Site No. EFD-01-36118	Measurement		<u> </u>	<u>L</u>	(Min.)	<u> </u>	<u> </u>	<u> </u>	<u> </u>		1

but weather truggered nithand feel rate adjustments due to Do incure.

The DH, to sample efter time if justible to get the monthly any, down.

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: **D001**

WAFR SITE No.: 14595

ACILITY NAME: Mid-County WWTP ONTH/YEAR: AU6-2602 Parameter		Quantity	or Loading	Units	Qua	ality or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Ty
Flow	Sample Measurement	,689	,815	MG-D			15 (4-4) (84) (74)	19.4 5 (19.5)	0	COUTAVED S	Flow Meter Flow Meter Totaliza
STORET No. 50050 1 Mon Site No. EFD-01-36118	Permit Measurement	0.900 (AADF ¹)	Report (Mo.Avg.)	mgd	\$ \$ 0.19 v To 1					14. 1 . 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	RAA
Flow	Sample Measurement		.689	M & D						Mouthly CM	Calculat
STORET No. 50050 Y Mon. Site No. EFD-01-36118	Permit Measurement		Report (Ann.Avg.)	mgu		10 mg/l			新	Galculation	(Rollin Annual A
CBOD5	Sample Measurement				75		1. 10.10 Light Marks	MOL	0	Most Aun Monthly Monthly	16 Hour
STORET No. 80082 0 Mon-Sign No. INF-01-36119	Permit Measurement		1000 1000 1000 1000 1000 1000 1000 100		Report (Mo Avg.)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		e x x		Muster	1640
ŢSS	Sample Measurement			-	260 Report			Mor		Monthly	10-1x-0
STORET No. 00530 G Mon Site No. INF-01-36119	Permit Measurement				(Mo.Avg.)				7:32.	and the second second	
	Sample Measurement Permit							\$ 50 5			
· · · · · · · · · · · · · · · · · · ·	- Measurement Sample			+							
	Measurement Permit			+					- (%) - (%)		
	Measurement Sample	<u> </u>		1			3			# 10 C T T T T T T T T T T T T T T T T T T	
	Measurement Permit Measurement										
<u> </u>	Sample Measurement							-	-		
	Permit Measurement							 	+		-
	Sample Measurement					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		-	+		1
	Permit Measurement				onthly average			1			نىسىنىسىنىل لۇن

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Mid-County Services, Inc.

MAILING ADDRESS:

200 Weathersfield Ave. Altamonte Springs, FL 32714

PERMIT NUMBER:

MONITORING PERIOD From:

LIMIT: CLASS SIZE:

PLANT SIZE/TREATMENT TYPE:

DISCHARGE POINT NUMBER:

FL0034789-002-DW1P

Final Minor

REPORT:

To:

GROUP:

В D001

WAFR SITE NO .:

14595

FACILITY:

COUNTY:

Mid-County WWTP 2299 Spanish Vista Dr. Palm Harbor, FL 34668

LOCATION:

Pinellas

DMR date: 2/00

Parameter		Quantity or Loading		Units	Qua	lity or Cor	centration	Units	No. Ex.	Frequency of Analysis	Sample Type
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Routine)	Sample Measurement				MODE=9	Parties and the latest	control materials		12.00		2 de Parinis
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^{*} If a second definitive test is required, enter the result in an empty row.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete, I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIMMA TURE OF TRINCIPAL	ENEGOTIVE OFFICER ON TO THORIESE TOOM	THE PROPERTY OF THE ANALYSIS	<u>.</u>
Don HOSTET LEC.	Could	Deuter	762-782-7978 06-09-70	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

^{**} Enter NODI=9 in the results column if no discharge occurred during the reporting period. Enter NODI=9 in the results column if no definitive tests are required.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Mid-County Services, In.

200 Weathersfield Ave. Altamonte Springs, FL 32714 PERMIT NUMBER:

MONITORING PERIOD From: LIMIT:

5-1-02 Final

В

To: REPORT: Ambient

FACILITY: LOCATION: Mid-County Services, In. 2299 Spanish Vista Dr.nue CLASS SIZE:

PLANT SIZE/TREATMENT TYPE DISCHARGE POINT NUMBER:

Minor

FL0034789-002-DW1P

D001: Ambient Monitoring

GROUP: WAFR SITE No .: at Outfall

Monitoring Domestic 14595

Palm Harbor, FL 34668

DMR Date: 02/00

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I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE	OF PRINC	CIPAL EXECUTIV	VE OFFICER OR	AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Don Hosterler.	Vai	W (1 /01	T/C	5		02-09-20
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments h	te).					<u> </u>	<u> </u>

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400 FACILITY NAME: Mid-County WWTP PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: D001 - Ambient Monitoring at Outfall

FACILITY NAME: Mid-County WWTP MONTH/YEAR: Au 6 200

WAFR SITE No.: 14595

Parameter		Quantity	or Loading	Units	Qua	lity or Cond	entration	Units	No. Ex.	Frequency of Analysis	Sample Type
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When Completed mall this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME:

Mid-County Services, In.

MAILING ADDRESS:

200 Weathersfield Ave.

Altamonte Springs, FL 32714

PERMIT NUMBER:

MONITORING PERIOD From: LIMIT:

FL0034789-002-DW1P
Final

To: REPORT:

Ambient Monitoring

FACILITY: LOCATION:

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Mid-County Services, In. 2299 Spanish Vista Dr.me CLASS SIZE: PLANT SIZE/

PLANT SIZE/TREATMENT TYPE DISCHARGE POINT NUMBER:

Minor

D001: Ambient Monitoring

GROUP: WAFR SITE No.:

Domestic

.: 14595

Upstream

Palm Harbor, PL 34668

Pinelles

DMR Date: 02/00

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I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fars and immediately responsible for obtaining the information, I believe the

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNIA TILIDE	OF DD	Oleman Ci	(POLICE OF COME			
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When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400 FACILITY NAME: Mid-County WWTP

PERMIT NUMBER: FL0034789-002-DW1P

DISCHARGE POINT NUMBER: D001- Ambient Monitoring Upstream

MONTH/YEAR: Q0 G 0002-

WAFR SITE No.: 14595

Parameter		Quantity	or Loading	Units	Quality or Concentration	Units No. Frequency of Ex. Analysis		Frequency of Analysis	Sample Type
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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME:

Mid-County Services, In.

PERMIT NUMBER:

FL0034789-002-DW1P

3-31-02

MAILING ADDRESS:

200 Weathersfield Ave. Altamonte Springs, FL 32714 MONITORING PERIOD From: LIMIT:

8-1-02 Final

Ambient Monitoring

FACILITY:

Mid-County Services, In.

CLASS SIZE: Minor PLANT SIZE/TREATMENT TYPE В

GROUP: WAFR SITE No.:

To:

REPORT:

Domestic

14595

LOCATION:

2299 Spanish Vista Dr.nue Palm Harbor, FL 34668

DISCHARGE POINT NUMBER:

D001: Ambient Monitoring Downstream

DMR Date: 02/00

COUNTY: Pincilas							241,	IN Date. 02700	
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I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant negatives for submitting false information including the possibility of fine and imprisonment

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When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400 FACILITY NAME: Mid-County WWTP

PERMIT NUMBER: FL0034789-002-DW1P

DISCHARGE POINT NUMBER: D001- Ambient Monitoring Downs

FACILITY NAME: Mid-County WWTP
MONTHYEAR: 10 52-052

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A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS:

Mid-County Services, inc. 200 Weathersfield Ave.

Altamonte Springs, FL 32714

NEDS SIT NI BARER.

LIMIT:

CLASS SIZE

FL0034789-IXI2-DWIP

Minor

В

D001

REPORT: GROUP:

WAFR SITE NO.:

C 20-c2 Monthly Domestic

14595

FACILITY:

Mid-County WWTP

LOCATION:

2299 Spanish Vista Dr. Palm Harbor, FL 34668

COUNTY:

Pinellas

THREE MONTH ROLLING ADF:

PLANT SIZE/TREATMENT TYPE:

DISCHARGE POINT NUMBER:

MONITORING PERIOD From:

90 % OF PERMITTED CAPACITY

DMR date: 2/00

Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	ition	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample				1.67			m G-Z	0	CALCULATED	RMA
STORET No. 80082 Y Mon.Site No. EFD-01-36118	Measurement Permit Measurement			, Fr	, 5.0 (An.Avg.)			mg/L	<u>}</u>	Calculated	Rolling Annual Avg. ¹
CBOD5	Sample Measurement				2.0	P=IGON		MFI	0.	WEEKLY	244PPC 16-hour FPC
STORET No. 80082 1/ Mon.Site No. EFD-01-36118	Permit Measurement		12.00	4		(Week Avg.)	10.0 (Max.)	mg/L	3	Weekly	<u> </u>
TSS	Sample Measurement				1.14			m 6-L	0	CALCULATED Calculated	Rolling Annual
STORET No. 00530 Y Mon.Site No. EFD-01-36118	Permit Measurement	~	1 800		5.0 (An Avg.)	编 系统第二		mg/L		Carcolated	Avg.1
TSS	Sample Measurement				1-0	NODE = 9		MAL	6	WEGKLY	24 N. FPC
STORET No. 00530 1.2 Mon.Site No. EPD-01-36118	Permit Measurement			7	6.25 (M6.AV8.)	(Week Avg.)	(Max.)	mg/L	的分為	Workly, 2	16-hour FPC
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STORET No. 00530 B Mon Site No. EFB-01-36383	Permit And	Š. Davis	The Real Property lies	· · · · · · · · · · · · · · · · · · ·		程度量3次	5.0 (Max.)	mg/L	SI/I	7 Days/Weck	34
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¹Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting felse information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
DN JOSTET (ER.	Voul C Diltitio	727-757-7978 02-10-22

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Mid-County WWTP

PERMIT NUMBER: PL0034789-002-DWIP DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

Ionth/Vear: SEPT 2002	<u> </u>	Quantity	or Loading	Units	Qua	ality or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Ty
Fecal Coliform Bacteria	Sample Measurement				<u> </u>		41	From	0	SOWE	1916/A()
STORET No. 31615 1	Permit Messurement	¥155			Nat. Detectable (% Percentile)		(Max.)	#100mls		1614 GOB	
RC for disinfection	Sample Measurement				1.05			MO-L	Û Kir	Contraction 5	MOTO
TORET No. 50060 A Son Site No. EPA-01-36356	Petinit Measurement	制度 OF			(Mth.)	100	(15-14) (12-14)		<u> </u>		(01)
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itrogen	Sample Measurement			2 Acres 11	2.7	P=1001X	45	Mers	0	WEFKIM	JUNEP!
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brygen, Disselved (DO)	Sample Measurement				6.7	<u></u>		MEL.	0	DATLY	G CA
TORET No. 00300 1 Ann. Site: No. EFD-01-36118	Permit Measurement			,	5.0 (Min.)		<u></u>	1	1	1. 图1600	<u> </u>

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FL0034789-002-DWIP

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

ACILITY NAME: Mid-County WWTP IONTH/YEAR: SEPT 2002		Quantity or Loading		Units	Qu	ality or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Ty
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Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tailahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDKESS: Mid-County Services, Inc.

YOU MESHICISHED AVE.

PERMIT NUMBER: TOTAL HUITEDER

DISCHARGE POINT NUMBER:

FL0034789-002-DW1P 9-1-00

To REPORT: GROUP:

9.30-0-TOXICITY

Altamonte Springs, FL 32714

LIMIT: CLASS SIZE:

Minor PLANT SIZE/TREATMENT TYPE:

Final В D001

WAFR STIE NO .:

14595

FACILITY:

Mid-County WWTP 2299 Spanish Vista Dr.

LOCATION:

Palm Harbor, PL 34668

COUNTY:

Pinellas

DMR date: 2/00

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	i i marinania	Sample Type
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NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement			NODF=9						
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	W. 415								1.07	
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^{*} If a second definitive test is required, enter the result in an empty row.

I certify under penalty of law that I have personalty examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the enables the culturating false information including the possibility of fine and imprisonment

numited information is true, accurate and complete. I am aware that there are significant NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		O DATE (YY/MM/DD)
Den Hoster(Br.	127 787.717	02-10-22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

^{**} Enter NODI=9 in the results column if no discharge occurred during the reporting period. Enter NODI=9 in the results column if no definitive tests are required.

4.50.00

To:

TELEPHONE NO

DATE (YY MM/DD)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

** 000-4000 000 THUE

9-1-02

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

MAILING ADDRESS: PACILITY: LOCATION: COUNTY:	200 Weathersfield Ave. Altamonte Springs, FL 32714 Mid-County Services, In. 2299 Spanish Vista Dr.me Palm Harbor, FL 34668 Pinellas	MONITORING PERIOD From: LIMIT: CLASS SIZE: PLANT SIZE/TREATMENT TYPE DISCHARGE POINT NUMBER:	9-1-02 Final Minor B D601: Ambient Monitoring	To: REPORT: GROUP: WAFR SITE No.: at Gutfall	Ambient Monitoring Domestic 14595 DMR Date: 02/00	
Paramete	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Quality or Conc	1	No. Frequency of Ex. Analysis	Sample Type	
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Mid-County Services, in.

PERMITTEE NAME:

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Taliahassee, 32399-2400

WAFR SITE No.: 1-4595

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9.30-0

Ambient

Domestic

TELEPHONE NO DATE (YY/MM/DD)

22-257-7518 02-10-22

Monitoring

REPORT

GROUP:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FL0034789-002-DW1P

Pinal

Minor

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Taliahassee, 32399-2400

submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting faise information including the possibility of fine and imprisonment.

FACILITY:	Mid-County Services, In 2299 Spanish Vista Dr.nne	CLASS SIZE: MIDOT PLANT SIZE/TREATMENT TYPE B DISCHARGE POINT NUMBER: D001:	WAFR SITE No.: 14595 Ambient Monitoring Upstream DMR Date: 02/00
COUNTY:	Palm Harbor, FL 34668 Pinellas	Quality Consentration	Units No. Frequency of Sample Type
Param	eter	Quality or Concentration	Ex. Analysis
рН	Sample Measurement	100F=9	
DISSOLVED OXY		100 DE-9	
TEMPERATURE	Sample Measurement	No DF-9	
SALINITY	Sample Measurement	NOT=9	
Fecal Coliform	Sample Measurement	NOCA	
Total Coliform	Sample Measurement	NODT-9	
	and the second		
Turbidity	Sample Measurement	10059	
		ith the information submitted herein; and based on my inquiry of those in	

PERMIT NUMBER:

LIMIT:

MONITORUNG PERGOD PIONE

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

FEMALURA A RANGE & 14 SECTION

MAILING ADDRESS:

200 Weathersfield Ave.

Alternonte Springs, PL 32714

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

FACILITY NAME: Mid-County WWIP

FERMIT NUMBER, PROSTRONDE TO THE RESERVE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROSTRONDE TO THE PROS

FACTLITY NAME: Mid-County WWIP MONTH/YEAR: SEPT 2002

WAFR SITE No.: 14595

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
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OTAL SUSPENDED SOLIDS	Sample Measurement			Vaosta					
OD, CARBONACEOUS	Sample			1002-9					
	Measurement								
TOTAL KJELDAHL NITROGEN	Sample Measurement			NODI=9	ym 2004 (2005)		and the same		
	And Constitution								
NITRITE-NITRATE	Sample Measurement			MOD C= 9	S. C. SALLING				
TOTAL AMMONIA	Sample			NoDI-9					
	Measurement								
TOTAL PHOSPHORUS	Sample Measurement			Not=9					
ORTHO-PHOSPHORUS	Sample Measurement			1001=9					

When Completed mail this report to: Department of Environmental Protection, Wassewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Taliahassee, 32399-2400

Alternomic Springs, FL 32714			PERMIT NIMBER: MONITORING PERIOD From: LIMIT: CLASS SIZE:		7 - / Final Minor	FL0034789-002-DWIP 7-7-Final Minor B			9-30-0 Ambient Monitoring Domestio 14595		
FACILITY: LOCATION:	2299 Spanish Vista Dr.	Mid-County Services, in. PLANT SIZE/TREATMENT TYPE 2299 Spanish Vista Dr.nue DISCHARGE POINT NUMBER:				01: Ambient M	onitoring	Downstream	DMR Date: 02/00		
COUNTY:	Palm Harbor, FL 34661 Pinellas				Qu	ality or Concent	ation	Units	No.	Prequency of Analysis	Sample Type
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e the submitted information is true, accurate and complete. I sun aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/ITILE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SPENATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO DATE (YYMM/DD)
Dan HOSTETLER	Doul C Oltillo	727-187-797 8 02-10-2

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all strachments here):

When Completed mall this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

MONTH/YEAR: SEPT 2602

MONTH/YEAR: SEPT 2602

DISCHARGE POINT NUMBER: D001- Ambient Monitoring Downstream

WAFR SITE No.: 14595

Parameter Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
CHLOROPHYLL-a	Sample		 	NODE= 9					
	Measurement			70001-		5 5 5 5 7 S		Year	
รู้รับ เหล่า คุณ จังรัฐนาย คุณ โดย คุณ ราย ราย รับราย เหลือเหลือ รู้รับ <u>ค</u>								Service State of Branch	
TOTAL SUSPENDED SOLIDS	Sample Measurement			NODI=9			0.7 (1.3.8 X) W		
	historia.			30.000				<u> </u>	
BOD, CARBONACEOUS	Sample Measurement			NoDI=9					
E THE STREET									
TOTAL KJELDAHL NITROGEN	Sample Measurement			MODI=9					
NITRITE-NITRATE	Sample Measurement			/VODE= 9			annie i V		
				Market State Control					
TOTAL AMMONIA	Sample Measurement			1/107.9					
TOTAL PHOSPHORUS	Sample Measurement			NODE=9					
ORTHO-PHOSPHORUS	Sample Measurement	the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		NoDE-9				i i i i i i i i i i i i i i i i i i i	
TO THE STORY OF THE STORY									

DAILY SAMPLE RESULTS - PART B

Permit Numb 'r:

Three-month Average Daily Flow: 8/6
Daily Flow % of Permitted Capacity: 90%

1	Flow	CBOD5	TSS	TSS	pH	Fecal	TRC	TRC	Mitmo	Dhomban	7	00055	-
	(MGD)	(mg/L)	(mg/L)	(mg/L)	(s.u.)	Coliform Bacteria	(For Disinfect.)	(For Dechlorinal.)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO)	CBOD5 (mg/L)	TSS (mg/L)
				GR4B	H- L	(#/100ml)	(mg/L)	(mg/L)			(mg/L)		
Code	50050	80082	00530	00530	00400	74055	50060	50060	00600	00665	00300	80082	00530
on. Site	FD-01	EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01	EFD-01	INF-01	INF-0
2	112				7-4-7.0	≻	1.05	·ol			7.1		
3	780			1-0	7.4-69		2.3	.01			7.1		
4	8/6			1.0	7.4-7.0	<1	2.1	્ંછી			7.2		
5	158	2.0	1.0	1.6	73-70	41	3.2	.01	4.5	0.31	6.8		
6	726			1.5	13-68	21	2.1	:01			7. Ó		
7	905		<u> </u>	1.0	71-67	41	1.7	01			6-7		
8	900				71 5 6 6	-	2.1	:01			7-0	1	
- 9	900		ļ	-	21-66	~	2-1	101			7.1		
10	874		<u> </u>	1.0	21-68	< 1	2-0	.01			7-0		
	729		1	1.0	72-61	<1	1.5	OL	1		63	1	
11	942	2.0	1.0	1.0	12-62	41	1.6	Ol	3.0	0.41	68	110	260
13	995		1	1.0	7.268	41	1.3	-01		1	68	1112	1
	1.02			1.0	18-68	<1	3.4	01			67		1
14	773			>	24-67	-	1.2	101			6.8		1
15	797				75-68	_	3.0	.01			20	 	
16	783			1.0	12-67	41	2-3	01	 		7.0	 	
17	764			1.0	2.2-6.7	41	2.6	0(5.2	 	
18)81	2-0	1.0	10	7.1+6-7	21	a.3	-01	1.9	0.23	8-0	 	
19	740			1.0	71-61	41	22	01	 ''	0.23	8.2	ļ	┼
20	.826			1.0	71-67	</td <td>3.5</td> <td>01</td> <td> </td> <td> </td> <td></td> <td> </td> <td> </td>	3.5	01	 	 		 	
'21	775				21-67		2.2		 	+	C 8		
22	772				7-2-68		21	.01	<u> </u>	 	8.0	 	
23	767			1.0	72-69	21	2-6	:0(7.9	 	
24	762			1-0	72-69	21	3.5	.01	ļ		8-1	 	
25	699	20	1.0	1.0	23-69		2-4	01	1	0.37	8.1	 	
26	807		1	1.0	15-69			·	1.5	1032		<u> </u>	
27	774	1	1	1.0		<u>41</u> 61	2-0	01	-	 	8-1	-	
28	634		1	7.0	D1-68		1.7	01	 	-	6-7	 	
29	762		 	 	71-67		2.3	01		 	6.8	ļ	
30	725	 	 	1 0	22-6-7		2.0	-0(8.5	<u> </u>	<u> </u>
31	-10,			1.0	7-2 6.7	<	2.8	.01	[1	8.3	1	1

PLANT STA FING: Day Shift Operator Class: Evening Shift Operator Class: Night Shift (perator Class: Lead Operator Class: Type of Efficient Disposal or Reclaimed Water R Limited Wet Weather Discharge Activated: Yes:	Maria Caracteria Carac	A SIZ Name: HOUACD J Name: No HOUCE CREEK	Hospeties - Dato C woulder Albertan - Amoh Johns 3 2 B Hospeties
discharge: Yes:	No: Not Applicable: If yes,	cumulative days of wet weather	HA

it onal sheets if necessary to list all certified operators.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS:

Mid-County Services, Inc. 200 Weathersfield Ave.

Altamonte Springs, FL 32714

PERMIT NUMBER:

MONITORING PERIOD From:

LIMIT: CLASS SIZE:

PLANT SIZE/TREATMENT TYPE:

FL0034789-002-DW1P

10-1-02 Minor

REPORT: GROUP: Domestic

DISCHARGE POINT NUMBER:

D001

В

WAFR SITE NO .:

To:

14595

FACILITY: LOCATION: Mid-County WWTP 2299 Spanish Vista Dr. Palm Harbor, FL 34668

COUNTY:

Pinellas

THREE MONTH ROLLING ADF:

80% OF PERMITTED CAPACITY

DMR date: 2/00

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sumple Measurement				2.0			MGZ	٥	CALCULATOR	Run.
STORET No. 80082 Y Man.Site No. EFD-01-36118	Permit Measurement			- 4	. 5.0 (An.Avg.)		•	mg/L	į	Calculated	Rolling Annual Avg. ¹
CBOD5	Sample Measurement				2.0	NODE=9	2.0	MOL	0	MEGKIY	24 H FPC
STORET No. 80082 1 Mon.Site No. EFD-01-36118	Permit Measurement		and the same	**************************************	6.25 (Mo.Avg.)	7.5 (Week Avg.)	10.6 (Max.)	mg/L	1,	Weekly	16-hour FPC
TSS	Sample Measurement				1.15			Mal	٥	CALCO LATER	RHA
STORET No. 00530 Y Mon.Site No. EFD-01-36118	Permit Measurement	•		· 法法律	5.0 (An Avg.)			mg/L		Calculated	Rolling Annual Avg. 1
TSS	Sample Measurement				1.1	NODI=9	1.6	MAL	0	WEEKLY	aybepc
STORET No. 00530 3 12 Mon Site No. EFD-01-36118	Permit Measurement				(Mo.Avg.)	(Week Avg.)	(Max.)	mg/L*	\$	Weekly s	16-hour FPC
TSS	Sample Measurement						3.2	MGL	0	SOUK	GRAB
STORET No. 00530 B Mon.Site No. EFB-01-36383	Permit Messurement		11 14 14	透明經		金融 李元章	5.0 (Max.)	mg/L	अर्थ	7 Days/Week	Grab
pH .	Sample Measurement				6.3		7.4	SU	0	SHOUTHOUS	METER.
STORET No. 00400 1 1 Mon. Site No. EFD-01-36118	Permit Measurement	建设4			460 Mm		8.5 (Max.)	S.U.	î j	Continuous	Meter

¹Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the Submitted information is true, accurate and complete, I am aware that increase significant penalties for automating talse information memoring the positions, or the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions of the positions o

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL	EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Doc HOSTETCEL.	Clark &	Total	127-757-7928	02-11-22

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Mid-County WWTP

PERMIT NUMBER: FL0034789-002-DW1P

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

Parameter		Quantity	or Loading	Units	Qı	ality or Concen	ration	Units	No. Ex.	Frequency of Analysis	Sample Ty
Fecal Coliform Bacteria	Sample Measurement				<1		(1	Toom	0	Souk	GRAB
STORET No. 31615 1 Mon. Site No. EPD-01-36118	Point Measurement				Net Detectable (75 Percentile)		A.	#100ml		T D A COMPANY	
TRC for disinfection	Sample Measurement				1.3		ASSES A AMMERICAN	N6-L	0	HOURLY CONTROVS	historica C
STORET No. \$0060 A Mon. Site No. EFA-01-36356	Permit Measurement	A ST OF		粉料	(Mib.)			ner.		Continuous	METERS
TRC for dechlorination	Sample Measurement			The F	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	10.00	0.01	ma	0	Houry	GRAB
STORET No. 50060 1 Mon.Site No. EFD-01-36118	Pennit Measurement						0.01 (Max.)	mella	S	Hourte	1 0 0 0 PM
Nitrogen	Sample Measurement			· · · · · · · · · · · · · · · · · · ·	2.11	3	(Bridst.)	Mal	0	CALCULATED	RAA.
STORET No. 00600 Y Mon. Site No. EFD-01-36118	Permit Measurement			. J. J.	(An Avr.)			mga au			
Nitrogen	Sample Measurement				2.04	XbDT=9	4.0	M62		WEEKU	ZYHFPC
NTORET No. 00600 1	Permit Measurement	All orgin			3.75 (Mo.Ave.)	(Week Avg.)	L 60 60	mark a	275	West 1	LE NOU FP
nosphorus	Sample Measurement				0.55	(WOOK, AVE.)	(Max.)		0	ALCO WATER	THA CRC
TORET No. 00665 y Agn. Site No. EFD-01-36118	Permit Measurement				1.0 (An.Avg.)	178		Mo-L mg/L as		Calculated 4	
hosphorus	Sample Measurement				0.24	MODE=9	0.4.3	MLL	0		244 FPC
TORET No. 70507 1 fon. Site No. EFD-01-36118	Permit Mea surement				1.25 (Mo.Avg.)	1.5	1 20 · For	mg/L as		Workly	16 min
xygen, Dissolved (DO)	Sample Measurement				6.5	(Week.Avg.)	(Max.)	MGL	0	Donald	GRAB.
TORET No. 00300 1 Ion. Site No. EFD-01-36118	Permit Measurement		· · · · · · · · · · · · · · · · · · ·	- +	5.0 (Min.)			mg/L		Datur	Orad ;

DISCHARGE MONITORING REPORT - PART A (Continued)

WAFR SITE No.: 14595

ACILITY NAME: Mid-County WWTP FONTH/YEAR:		Quantity	or Loading	Units	Qua	ality or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Ty
Flow	Sample Measurement	749	.735	MGD					0	CONTINO: 2	METER.
STORET No. \$0050 Man. Sile No. BED-01-36118	Pearait Messurement	(AADF ²)	Hepolt (Mo Avg.)	mgd		第15		教授工具		Communic	Plan American
Flow	Sample Measurement		749	MGD					0	W. whal	CRIPIF-
STORET No. 50050 Y Man. Site No. EVD-01-36118	Permit Measurement		Reports (Ann Avg.)	mgđ						Monthly Calculation	Calculation (Roding
CBODS	Sample Measurement				/3 0			MGL	0	northy	24 A J-F
STORET No. 80082 G Most Site No. INF-01-36119	Permit Measurement		1 18 18		Report (Mc,Avg.)			mg/L		Monthly	16-hour Pi
TSS	Sample Measurement				110			Wes	٥	Mowther	24 A FI
TTORET No. 00530 G Man Site No. INF-01-36119	Permit Measurement				Report (Mo.Avg.)			meg		West	(Chour
	Sample Measurement						1000	30.9946 (C.)	6° 65		
	Permit Measurement				· · · · · · · · · · · · · · · · · · ·				*		最大學想
	Sample Measurement Permit			<u> </u>					1. 45		જેવા (ઇપ્સાર્ટિક
	Measurement Sample				die Agreemen				9		
	Measurement Pennit						1	ijas e			<u> </u>
	Measurement Sample									the same	
	Measurement Permit										
	Messurement Sample					٧.					
	Measurement Permit			-			 		-	1 1 1 1	
Calling Annual Average is the average	Measurement	المحسون والمستعدد	the meanding !! -	l	thly average	<u></u>	<u> </u>	L	<u> </u>	Sidlar	<u></u>

'Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.

DAILY SAMPLE RESULTS - PART B

FEA0034789-002-DW1P Month/Year: OCT 2002

Facility Name: Mid-County WWTP

Three-month Average: Daily Flow: 728
Daily Flow % of Per nitted Capacity: 80%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L) GRAB	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	TRC (For Dechlorinat,) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Disc sived Ox gen (I O) (m //L)	CBOD5 (mg/L)	TSS (mg/L
Code	50050	80082	00530	00530	00400	74055	50060	50060	00600	00665	00 100	80082	00536
Mon. Site	EFD-01	EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01	EF >01	INF-01	INF-0
1	.722			1.0	72-6-7	21	2-0	8-01					
2	. רול	2-0	1.0	1.0	10-65		2:2	0.01	1.3	0 > 0	8.2	ļ <u>.</u>	
3	.737			1-0	71-6-7	41	2.0	0.01	1.5	0.28	83		
4	238			1.2	71-6.7	()	1.7	0-01		 	6.8		 -
5	.730	,		_	27-67		1.3	0.01		 	6.3	 	
6	.765			_	73-6.7		3.4	0-81		 	63		
7	.760			1.0	72.68	-	1a-9	0-01		 			
8	.617			1.4	70-65	<1	22	001	 	 	174	 	
9		2.0	1-0	1.0	22-6.5	61	2.9	0.01	11.	0.43	68	ļ	
10	.685			10	7.4.65	21	22	0-01	1.6.	0.47		1,24	1
11	.700			1.0	7.4-G.8	41	2.7	0-01		 	67	130	110
12	.631			-a	7.2-68		3.0	0.01		 	67	 	
13	731			-	70-65	~	2-8	0.01	<u> </u>	 	72	 	
14	.743			1-0	7.3-7.6	21	3-8	0.01		 	172	 	
15	.937			3.0	72-68	<1	3.6	0.01			}	 	
16	.865	2-0	1-6	3.2	72-68	21	2.5	0.01	1.5	015	70	 	
17	179			1.0	7.2-68	<1	2.2	0.01	1:3	0.15	} _	 	}
18	-837			1.0	7.2.68	21	2-1	0-0 (1	 	
19	.687			-	72-68		2.0	0-01		-	6.8	 	ļ
20	765			-	72-6-8		1.6	0-01			65		
'21	-236			1.0	72-68	41	2.3	0-01		ļ	72	 	
22	.709			1-0	69-63	71	3-1	0.01		 	7.2	}	
23	710	3.0	1.0	1.0	7.0-C.7	41	1.4	0.01	4.0	0.19			
24	353			1-0	70-66	21	1.4	0.01	7.0	0.11	7:0	ļ	
25	.746			1-0	70-66	<1	1-4	0.01			<u> フ. </u>	ļ	
26	.667				7.2-65		3.1					 	
27	.739			_	69.65	_	3.3	0-01		-		ļi	
28	.729			1.2	1.0-67	41	3.8	0.01		 	70	ļ	
29	.731			1.0	7.0-68	41	29	0.01		 	72		
30	.729	2.0	1.0	1-0	7.0 - 6.7	<u> </u>	2.4	0.01	10	6 10		}	
31	760		1	1-0	70-6.7	21	2.4	0-01	1.8	0.19	71		

PLANT STAFFING: Day Shift Operator Evening Shift Operator Night Shift Operator Lead Operator Type of Efficient Disposal or Rec	Class: Class; Class; Class; Laimed V	B+B. S+A AA Water Reuse:	Certificate No: Certificate No: Certificate No: Certificate No:	B. 8035 8854-8512 11 X A 11 X A 12 X A 13 X A 14 X A 15 X A 16 X A 17 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18 X A 18	Name: Name: Name:	Downson J. A. Down	HESTERIA BLDAME	Drop Curwluf Roph Johns
Limited Wet Weather Discharge discharge: Attach additional sheets if neces	Activa	. Yes: No	Not Applicable		,	et weather	<u> </u>	2

Amen additional sheets if necessary to list all cartified operators.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Taliahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Mid-County Services, Inc.

200 Weathersfield Avc. Altamonte Springs, FL 32714 PERMIT NUMBER:

FL0034789-002-DW1P 10-1-02

MONITORING PERIOD From: Final LIMIT: CLASS SIZE:

Minor

To: REPORT: GROUP:

TOXICITY

FACILITY: LOCATION: MId-County WWTP 2299 Spanish Vista Dr.

Paim Harbor, FL 34668

PLANT SIZE/TREATMENT TYPE: DISCHARGE POINT NUMBER:

B D001

WAFR SITE NO .:

14595

COUNTY:

Pinellas

DMR date: 2/00

Parameter		Quantity	or Loading	Units	Qua	lity or Concent	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Routine)	Sample Measurement				7/00%			Percent		M ANY CANADA IN 18	
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement				Y10DI=9			Ţ			
					PT 100 789 13 13 15 201 14 14 15 15			Net velies		10.31111/16	
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement				X0DI=9						
					m					10.11	
NOEL STATRE 7 DAY CHRONIC Pimephales promelas (Routine)	Sample Measurement				7/00%			PERCENT	0		
NOEL STATRE 7 DAY CHRONIC Pimophales promelas (Additional)	Sample Measurement				X0DI=9				2000		
										3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
NOEL STATRE 7 DAY CHRONIC Pimephales promelas (Additional)	Sample Measurement				HODE=9.						
	i dinita									A Company	

^{*} If a second definitive test is required, enter the result in an empty row.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the and the description including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC	CUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO DATE (TIMENUD	"
Dor Hoszerier.	Vell & L	peter	727-787-7978,02-11-22	-

^{**} Enter NODI=9 in the results column if no discharge occurred during the reporting period. Enter NODI=9 in the results column if no definitive tests are required.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME:
MAILING ADDRESS:

Mid-County Services, In.

200 Weathersfield Ave.

PERMIT NUMBER:

MONITORING PERIOD From: LIMIT:

FL0034789-002-DW1P

10-1-02 Final

To: REPORT:

Altamonte Springs, FL 32714

CLASS SIZE:

Minor В

GROUP: WAFR SITE No.:

Monitoring Domestic 14595

PACILITY: LOCATION: Mid-County Services, In. 2299 Spanish Vista Dr.nue Palm Harbor, FL 34668

PLANT SIZE/TREATMENT TYPE DISCHARGE POINT NUMBER:

D001: Ambient Monitoring at Outfall

DMR Date: 02/00

OUNTY: Pinelli Parameter		Quality or Concentration	Units	No. Frequency of Ex. Analysis	Sample Type
Н	Sample Measurement	1602=9			
				On water	
DISSOLVED OXYGEN	Sample Measurement	YIODI = 9			
A CONTRACTOR AND A STREET				10.110.11	
TEMPERATURE	Sample Measurement	1007=9			
SALINITY	Sample Measurement	K100529			
				7 (15 Gaves)	
Fecal Coliform	Sample Measurement	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
Total Coliform	Sample Measurement	7621-9			
	14.0df		7);=1;711		
Turbidity	Sample Measurement	1002:9			
	West of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco				10,610

I configurate penalty of law that I have rescondly examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility or time and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGEN	SIGNATURE OF P	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGI	INT TELEPHONE NO	DATE (YY/MM/DD)
Dan HOSTETCE.	Clel	10 pitte	727-787-185	02-11-22

02 > 0 N

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400 FACILITY NAME: Mid-County WWTP

PERMIT NUMBER: FL0034789-602-DW1P

DISCHARGE POINT NUMBER: D001 - Ambient Monitoring at Outfall

MONTH/YEAR: OCT 2002

WAFR SITE No.: 14595

Parameter		Quantity or Loading	Units	Quality or Conc	entration	Units	No. Ex.	Frequency of Analysis	Sample Type
TOTAL SUSPENDED SOLIDS	Sample Measurement			NODE=9					
BOD ₅ , CARBONACEOUS	Sample Measurement			NIDI29					
				A CONTRACTOR OF THE SECOND					
TOTAL KJELDAHL NITROGEN	Sample Messurement			MODEED					
	Maria, 153								
NITRITE-NITRATE	Sample Measurement			NODIE= 9					
TOTAL AMMONIA	Sample Measurement			MODE=9			200143		
11 75%									
TOTAL PHOSPHORUS	Sample Measurement			16005=9					
								A.	
ORTHO-PHOSPHORUS	Sample Measurement			Xlogi=9					

Turbidity

Sample

Measurement

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

18-31-00

DMR Date: 02/00

Sample Type

Ambient

14595

Monitoring Domestic

When Completed mall this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Taliahassec, 32399-2400 FL0034789-002-DW1P PERMIT NUMBER: Mid-County Services, In. PERMITTEE NAME: 10-1-02 To: MONITORING PERIOD From: 200 Weathersfield Ave. REPORT: MAILING ADDRESS: LIMIT: Altamonte Springs, FL 32714 GROUP: Minor CLASS SIZE: WAFR SITE No.: PLANT SIZE/TREATMENT TYPE Mid-County Services, In. FACILITY: Upstream DISCHARGE POINT NUMBER: D001: Ambient Monitoring 2299 Spanish Vista Dr.nue LOCATION: Palm Harbor, FL 34668 Pinellas COUNTY: Frequency of Units No. Quality or Concentration Analysis Parameter Ex. Sample рН NO DE= 9 Measurement DISSOLVED OXYGEN Sample XIODE=9 Measurement Sample TEMPERATURE Measurement

SALINITY

Sample Measurement

Measurement

Measurement

Mode 9

Total Coliform

Sample Measurement

Mode 9

Mode 9

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my laquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete, I am away was more and an away and a submitted information is fine and imprisonment.

X4.05=9

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO DATE (YY/MM/DD)
NAME THE OF PRINCIPAL EXECUTIVE OFFICER OR ASTROACED TODAY		
1) IN HOSTETCER.	V four C & bitter	727-287-7718 02-11-22
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	***	
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments to	ie).	

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400
FACILITY NAME: Mid-County WWTP
MONTH/YEAR: DISCHARGE POINT NUMBER: D001- Ambient Monitoring Upstream
WAFR S

WAFR SITE No.: 14595

Parameter		Quantity or Loadin	g Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a	Sample Measurement			1,00£=d				
TOTAL SUSPENDED SOLIDS	Sample Measurement			1000=9				
								11
BOD, CARBONACEOUS	Sample Measurement			Nove=9				
								<u> </u>
TOTAL KIELDAHL NITROGEN	Sample Measurement			NOT: 9			10.7	
9703m (1973)								
NTRITE-NITRATE	Sample Measurement			NoDE= 9				,
						į.		į.
TOTAL AMMONIA	Sample Measurement			1025:9		N. C. C. C. C. C. C. C. C. C. C. C. C. C.		
TOTAL PHOSPHORUS	Sample Measurement	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		X402:9				
	1111				soniyat.		0.00	
ORTHO-PHOSPHORUS	Sample Measurement			NODE9			100000000000000000000000000000000000000	
	P. Jan							*

When Completed mail this report to: Department of Environmental Protection, Wastowater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tailahassee, 32399-2400

PERMITTEENA	ME:

Mid-County Services, In. 200 Weathersfield Ave.

PERMIT NUMBER: MONITORING PERIOD From:

LIMIT:

CLASS SIZE:

FL0034789-002-DW1P

REPORT:

MAILING ADDRESS:

Altamonto Springs, FL 32714

Finai Minor В

GROUP: WAFR SITE No.:

To:

Ambient Monitoring Domestic 14595

FACILITY: LOCATION: Mid-County Services, In. 2299 Spanish Vista Dr.nuc Palm Harbor, FL 34668

PLANT SIZE/TREATMENT TYPE DISCHARGE POINT NUMBER:

D001: Ambient Monitoring Downstream

DMR Date: 02/00

COUNTY: Pinalla Perameter	3	Quality or Concentration	Units	No. Bx.		Sample Type
pH	Sample Measurement	" XVDF=9				
DISSOLVED OXYGEN	Sample Morsurement	KODE= 3				
e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la co						
TEMPERATURE	Sample Measurement	MIDG=9				
ALINITY	Sample Measurement	10 x=9				, , , , , , , , , , , , , , , , , , ,
ecal Coliform	Sample Measulement	L100E=9	·			
			All in		0.00	
otal Coliform	Sample Measurement	NODI=9				
urbidity	Sample Messarement	HODE=9				
	Character of Theory					

I certify under penalty of law that I have personally examined and am familiar with the information submitted harein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the

NAME/ITTLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF	PRINCIPAL EXECUT	TVB OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Don HOSTETIE.	Otal	C. X	bette	727-787-797 8	02-11-2

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

FACILITY NAME: Mid-County WWTP

MONTH/YEAR: OCT

Parameter		Quantity or Loading	Units	Quality or Concentration		No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a	Sample Measurement			2001=9	7.00			
				A001=9				
TOTAL SUSPENDED SOLIDS	Sample Measurement			X00 5=9				
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			\$\(\begin{align*} (6.7) & if \$\pi_1 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \text{if \$\pi_2 \tex	
BOD, CARBONACEOUS	Sample Measurement			XODE=9				
	-10			VV-1.66				
OTAL KJELDAHL NITROGEN	Sample Measurement			16005-9		a de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l		
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							TOO STATE	
TOTAL PHOSPHORUS	Sample Measurement			(40DI=9)		The Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Se		
ORTHO-PHOSPHORUS	Sample Measurement	Company to the Company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the compan		P=100H				
To San San					in file of the			74.0

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Mid-County Services, Inc. 200 Weathersfield Ave.

Altamonte Springs, FL 32714

PERMIT NUMBER:

MONITORING PERIOD From: LIMIT:

CLASS SIZE: PLANT SIZE/TREATMENT TYPE:

DISCHARGE POINT NUMBER:

FL0034789-1X12-DW1P

Minor

D001

To: REPORT: GROUP:

Domestic

WAFR SITE NO .:

14595

FACILITY: LOCATION:

COUNTY:

Mid-County WWTP 2299 Spanish Vista Dr. Palm Harbor, FL 34668

Pinellas

THREE MONTH ROLLING ADF: 81

% OF PERMITTED CAPACITY

DMR date: 2/00

Parameter		Quantity			Quality or Concentration			Frequency of Analysis	Sample Type		
CBOD5	Sample Measurement				J. O	·		MET	0	Almes	RAA.
STORET No. 80082 Y . Mon.Site No. EFD-01-36118	Permit Measurement			+ + + 1 **	, 5.0 (An,Avg.)			mg/L	, 	Calculated	Rolling Annual Avg. ¹
CBOD5	Sample . Measurement				2.0	Nopt=9	2-0	MEL	Ö	WEEKLY.	24 ARFPC 16-hour FPC:
STORET No. 80082 1 Mon. Site No. EFD-01-36118	Permit Measurement		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		6.25 (Mo.Avg.)	(Week Avg.)	10.0 (Max.)	mg/L	12.	Weekly	10 Hour Pro
TSS	Sample Measurement				1.06			MAL	Ó	CALLY := 1)	RAA
STORET No. 00530 Y Mon.Site No. EFD-01-36118	Permit Measurement			"有心"等	5.0 (An Avg.)	编 新疆 新加州		mg/L		Calculated	Rolling Annual Avg. 1
TSS	Sample Measurement				1.0	XWDT=9	; /. 2	Mac	Q	WEEKLY	ZYMFPC.
STORET No. 00530 125 Mon.Site No. EFD-01-36118	Permit Measurement				(Mô.AVg.)	(Week Avg.)	(Max.)	mg/L	产 沙族	Weekly	16-hour FPC
TSS	Sample Measurement						2.0	Mhi	0	5 DUK	GRAB.
STORET No. 00530 B Mon. Site No. EFB-01-36383	Permit Measurement		4	流動的		基件基础	5.0 (Max.)	mg/L	1y'}	7 Days/Week	Grab
рН	Sample Measurement				6.5		7.2	5.0	0	CONTENANS	METER.
STORET No. 00400 1 Mon Site No. EFD-01-36118	Permit Messurement	建筑市			16.0 1 Min		8.5 (Max.)	S.U.	第 经	Continuous	Meler

¹Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the description and the second of the submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AG	IT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO DATE (YY/MM/DD)
Day HOSTET CEX.	Nous & South	727-787-7978 02-12-20

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FL0034789-002-DW1P

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

ILITY NAME; Mid-County WWTP					JUMBER: FL00347	ity or Concent	ration	Units	No. Ex.	Prequency. of Analysis	Sample T
Parameter		Quantity	or Loading	Units			1/1	Fooul	U	50uk	GRAC
CO Pooterio	Sample				41	TOWN WAR FAIR	212220	#100ml	30	ADM: No	
al Coliform Bacteria	Measurement	35,200,000,9	Visit & Water	ATTACK.	New Descusion (35 Percentic)		NA.			1000	-0
ORET No. 31615 1 n. Site No. BFD-01-36118	Masturement				1.0	271,000		Mu	0	Contract	Meter
C for disinfection	Sample Measurement		2002/02/5/4 70/5/10	200	10	aris devis		· mg/E		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	1.50
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n Site No. EFA-01-36356 For dechlorination	Sample Measurement		27 C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24 S. Co. V. S.	~ (# % / %		0.01 (Mex.)	mg/l2	1/2	Hourts	
ORET No. 50060 1 n. Site No. EFD-01-36118	Pennit Measurement	Service S		\$ 1809X		Mary Best Services		Mbr	0	CALCULATER	HA
n, Site No. EFD-01-30110	Sample Measurement	<u></u>		S. Salahan	3. [] 3.0 3.4 AVE.1	9.5		mg/L as			7.5
ORET No. 00600 Y	Measurement	1.56				X10DF=9	4.0	mor	0	WEEKLY	2 VAI
m.Sim No. EFD-01-36118	Sample Measurement		1.55		3/3 (Mo Avg)	1.7.	12 C 4 10 1	me/L 2		W. W. W.	
ORET No. 00600	Permit Measurement		10000000000000000000000000000000000000		-	(Wœk Avg	2 (47,545)	MAL	0	alacks	JAYA:
on Site No. EFD-01-36118	Sample Measurement				0.51			mg/L a		Calculated	14 M
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on Site No. EFD-01-36118	Sample Measurement			_	037	1.5	1 20	mg/L	15	Weekly	164
TORET No. 70507	Permit Measurement				(Mo.Ave.)	(Week.Av	[Doga.]	Me	0	1	GR
ion. Site No. EFD-01-36118 brygen, Dissolved (DO)	Sample Measurement				6.8			mg/l		Daily	
TORET No. 00300 1 Ann. Site No. EFD-01-36118	Permit Measurement				(Min.)						

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

ONTHYEAR WOY 200		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Prequency of Analysis		
Parameter							,		0	Control S	Flow tot	
flow	Sample Measurement	744	,732	WED	40007450045725555			15 C		Cominue	calize	
TORET No. 30030 1 1/1005 No. ERD-01-36118	Parmit Messinrement	0.900 (AADF ⁶)	Report (Mo Avg.)	inge		17 A	1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7.0	0	Morris Cal	CRAA.	
low	Sample Measurement		.744	WPD						Monthly Galculation	Calculation (Rolling	
TORET No. \$0050 Y Aca. Site No. EFD-01-36118	Permit Measurement		Report: (Ann.Avg.)	mgđ		1000			1	\$ 5	Annual Av	
CBODS	Sample		<u> </u>		170			Mar	0	Mother	16-hour F	
STORET No. 80082 G	Measurement Permit		1000		Report (Mo, Avg.)	W. A.		The Artist		The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	24HPF	
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TSS STORET No. 00530 G	Measurement Permit				Report (Mo.Avg.)			mg/L	多			
Mon Site No. INF-01-36119	Measurement Sample		33,200,200	1			300	N 30000			18 50	
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	Measurement Pennit			+								
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,	Measurement Permit		-	-								
	Measurement			+	-							
	Sample Measurement					1			- 4.4			
	Permit Measurement				_	1-						
	Sample Measurement									\$	Total	
	Permit Measurement		<u> </u>		monthly specage		1					

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

When Completed mail ti	its report to: Department of Entrance	PERMIT NUMBER:	FL0034789-002-DWIP	_	11-30-02.
MAIL ING ADDRESS.	Mid-County Services, Inc. 200 Weathersfield Ave. Altamonte Springs, FL 32714	MONITORING PERIOD From: LIMIT: CLASS SIZE: PLANT SIZE/TREATMENT TYPE: DISCHARGE POINT NUMBER:	11-1-02 Final Minor	To: REPORT: GROUP: WAFR SITE NO.:	TOXICITY
FACILITY: LOCATION:	Mid-County WWTP 2299 Spanish Vista Dr.	DISCHARGE TOWN			DMR date: 2/00

Pinciles COUNTY: Sample Type Frequency of No. Units **Onality or Concentration** Analysis Units Quantity or Loading Ex. Parameter 16002=9 NOEL STATRE 7 DAY CHRONIC Sample Measurement Ceriodaphnia dubla (Routine) NOEL STATRE 7 DAY CHRONIC Sample CODF-9 Measurement Ceriodaphnia dubla (Additional) NOEL STATRE 7 DAY CHRONIC Sample P=100) Measurement Ceriodaphnia dubia (Additional) NOEL STATRE 7 DAY CHRONIC Sample P= KOBY Measurement Pimephales promelas (Routine) P=ICENT. Sample NOEL STATRE 7 DAY CHRONIC Measurement Pimophales prometas (Additional) (SDF=9 NOEL STATRE 7 DAY CHRONIC Pimephales promelas (Additional) Measurement

I certify under penalty of law that I have personally examined and am familiar with the information submitted false information including the possibility of fine and imprisonment	TELEPHONE NO DATE (YY/MM/DD)
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	-337 X 100 -12 -18.
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

Smille

Palm Harbor, FL 34668

^{**} Enter NODI=9 in the results column if no discharge occurred during the reporting period. Enter NODI=9 in the results column if no definitive tests are required.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the

When Completed mail this report to: Department of Environmental Protection, Wastewater Pacilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME:	
MAILING ADDRESS:	

Mid-County Services, In.

200 Weathersfield Ave. Altamonte Springs, FL 32714 PERMIT NUMBER:

MONITORING PERIOD From: LIMIT:

FL0034789-002-DW1P 11-1-00

Minor

B

To: REPORT:

GROUP:

Ambient Monitoring

CLASS SIZE:

PLANT SIZE/TREATMENT TYPE

WAFR SITE No.:

Domestic 14595

D001: Ambient Monitoring at Outfall

DMR Date: 02/00

Mid-County Services, In. FACILITY: DISCHARGE POINT NUMBER: 2299 Spanish Vista Dr.nue LOCATION: Palm Harbor, FL 34668

COUNTY: Pinelle Parameter	<u>as</u>	Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement		7.0		J. J.	₽ OH		
DISSOLVED OXYGEN	Sample Measurement		7.13		Mal	16		
A National Control							1015	
TEMPERATURE	Sample Measurement		25.1°		00	ϕ		
SALINITY	Sample Measurement		0.5		062	ϕ		
Pecal Coliform	Sample Measurement		41		Comi	p		
					2 m.C			
Total Colliform	Sample Measurement		41		Tooks.	ϕ		
							3 (1) (1) (1) (1)	
Turbidity	Sample Measurement		2.89		"Ntos	ϕ		
							(0.101 (CH V	

I confir under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penantes for submitted information is true, accurate and complete. I am aware that there are significant penantes for submitted information is true,

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO DATE (YY/MM/DD)
DON LOSTET LER.	(al exture	7/1-757-798 82-12-18

When Completed mail this report to: Department of Environmental Protection, Westewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Taliahassee, 32399-2400 FACILITY NAME: Mid-County WWTP PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: D001 - Ambient Monitoring at Outfall

FACILITY NAME: Mid-County WWTP MONTH/YEAR: MOY 200

WAFR SITE No.: 14595

Parameter		Quantity or Loading	Units	Qua	Units	No. Ex.	Frequency of Analysis	Sample Type		
TOTAL SUSPENDED SOLIDS Sample	Sample Measurement			1.0			MGI.	ф		
	C1-31									
BOD ₃ , CARBONACEOUS	Sample Measurement			2.0			Mes	Φ		
TOTAL KJELDAHL NITROGEN	Sample Measurement			0.66	3/1-7	24	Mer	ϕ		
NITRITE-NITRATE	Sample Measurement			7.1			MG-L	P		
POTAL AMMONIA	Sample Measurement			0.05			Mac	Φ		
								7		
TOTAL PHOSPHORUS	Sample Measurement			0.25			WO.	φ	(
ORTHO-PHOSPHORUS	Sample Measurement			0-16			MGL.	\mathcal{Q}		
		AND MARKET THE DEPORT								

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Taliahassee, 32399-2400 FL0034789-002-DW1P

PERMITTEE NAME: MAILING ADDRESS:

Mid-County Services, In. 200 Weathersfield Ave.

Altamonte Springs, FL 32714

PERMIT NUMBER:

MONITORING PERIOD From: LIMIT:

Final

To: REPORT: 11.30-02 Ambient Monitoring.

Minor

GROUP: WAFR SITE No.: Upstream

Domestic 14590

FACILITY:

Mid-County Services, In. 2299 Spanish Vista Dr.nuc CLASS SIZE: PLANT SIZE/TREATMENT TYPE

DISCHARGE POINT NUMBER:

В D001: Ambient Monitoring

DIMR Date: 02/00

UNTY: P	Palm Harbor, FL 34668 Y: Pinellas Parameter		Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
T di dinotoi			D. YIn	7. 2		b		,
H	Sample Measurement	7. <		The part house			(0.1) (1.5)	
			Single Action			4	<u> </u>	
ISSOLVED OXYGEN	Sample Measurement	6.08		6-07		φ	TO DESCRIPT	
100	Messichen			V. 1.102				
EMPERATURE	Sample	23.2	23.2	23.2		P		
EMPERATURE	Measurement			TOTAL BUILDING			(9,15,15,15) 	
			1.2	0.2		1		
ALINITY	Sample Measurement	0.2						
			Nie Gate			7		<u> </u>
ecal Coliform	Sample		150			Φ		
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Purbidity	Sample Measurement		801			ψ	727554	
	Measurement							

Total under negative of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. 1 am niver one management of the possibility of fine and imprisonment.

ubmitted information is true, accurate and complete. I am a was	THORIZED OR AVITHORIZED AGENT TELEPHONE NO	DATE (YYMM/DD)
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SI		62-12-18.
11 - u - i - u - i - u - i - u - i - u - i - u - i - u - i - u - u	3),	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Taliahassee, 32399-2400 FACILITY NAME: Mid-County WWTP

PERMIT NUMBER: FL0034789-002-DW1P

DISCHARGE POINT NUMBER: D001- Ambient Monitoring Upstream

MONTHYEAR: 1 2002

WAFR SITE No.: 14595

ONTHYYEAR: 11- 200 S	T	Quantity or Load	ling Units	Quality or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Typ
							0		
HLOROPHYLL-a	Sample Measurement			1.0			φ		
								A	
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OTAL SUSPENDED SOLIDS	Sample Measurement			2.6					
								2.3	
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OD ₅ , CARBONACEOUS	Sample Measurement			130					
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4. 10. 24. 化砂块水类		C. Marie Control	and the same and the same	111 A	-		6		1
OTAL KJELDAHL NITROGEN	Sample Measurement			0.41					
	THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S								
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HTRITE-NITRATE	Sample Measurement			0-17					
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FOTAL AMMONIA	Sample Measurement			0-051			$ \mathcal{D} $		
	Weastrement								
							1		
TOTAL PHOSPHORUS	Sample			0.05	100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100 Aug. 100	7.00	$\downarrow \mathcal{D}$		
	Measurement					36.6311124			
34 (45)							1		
ORTHO-PHOSPHORUS	Sample			0.05					
	Measurement					11 - H.G.			
								Blog og versige frame	

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAM	Œ:
MAILING ADDRE	3 8:

Mid-County Services, In.

200 Weathersfield Ave. Alternente Springs, FL 32714 PERMIT NUMBER:

MONITORING PERIOD From: LIMIT:

CLASS SIZE: PLANT SIZE/TREATMENT TYPE DISCHARGE POINT NUMBER: FL0034789-002-DW1P

Final Minor B To: REPORT: GROUP: Ambient Monitoring

Domestic 14595

FACILITY: Mid LOCATION: 2299

Mid-County Services, In. 2299 Spanish Vista Dr. nue

Palin Harbor, FL 34668

D001: Ambient Monitoring

WAFR SITE No.: Downstream

DMR Date: 02/00

COUNTY: Pinelles Parameter			Qua	lity or Concentr	ation	Units	No. Bx.	Frequency of Analysis	Sample Type
pH	Sample Measurement		7. Y	7.3	7-4		b		
						<u>.</u>			
DISSOLVED OXYGEN	Sample Mossuroment		6.31	6.13	6.09	201	b		
					Ē			j.	
TEMPERATURE	Sample Measurement		22-6	226	22-6		Φ	100.000	
									9
SALDVIY	Sample Measurement		6.3	0.3	0.5		ϕ_{-}		
				Visign Deblets			4		
Pecal Coliforn	Sample Measarement			/00		on est	Q	v mark	
V Dolla No. S.W. D. 20 Stock of Total Coliform	Sample			2500			人		
	Measurement			2500			φ		
STORE (PROCE) SELECTOR SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE	Sample			<u> </u>			1		er Germani er i der Stade er
NORTH NO RECORDS	Measurement			6.1		1			
		in the same					100		

I certify under penalty of law that I have personally exemined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the certify under penalty of law that I have personally exemined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the certific that is a submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the certific that is a submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the certific that is a submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	NATTE	HR OR PRIF	CIPAL EXECUTIVE OFF	ICER OR AUTHORIZED AGENT	TELEPHO SNO	DATE (YYMM/DD)
					C254	02-12-8
1 In HOSTET (Ri.	M/A	//// 6-	DUT		727-787-7760	05-12
	1/1	1/1	/ / 400			A
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments her	>) :					

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400 FACILITY NAME: Mid-County WWIP

PERMIT NUMBER: FL0034789-002-DW1P

DISCHARGE POINT NUMBER: D001- Amblent Monitoring Down. DISCHARGE POINT NUMBER: D001- Ambient Monitoring Downstream

WAFR SITE No.: 14595

MONTH/YEAR:	11-20	02

Parameter		Quantity or Loading		Units	Units Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a	Sample Measurement				1.	0		ø		
TOTAL SUSPENDED SOLIDS	Sample Measurement				1.4	20.0		ϕ		
	7. CHEP : 0.2									
BOD, CARBONACEOUS	Sample Measurement		70.74	TIVE SECTION AND ADDRESS.	30.0	-		ϕ		
TOTAL KJELDAHL NITROGEN	Sample Measurement				0.39			ϕ		
STANCE BANGSAM GOVERNMENT OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF THE SAME OF T					1.7 (D). (A)			1		
NITRITE-NITRATE	Sample Measurement				1.3		:	Ø		
	16.760				A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA		ii ji (mint			10.0
TOTAL AMMONIA	Sample Measurement				0.05	-		Ø		12.37
15 (15 (15 (15 (15 (15 (15 (15 (15 (15 (Personal Personal Personal Personal Personal Personal Personal Personal Personal Personal Personal Personal Pe Personal Personal Pe				(270)23540	
TOTAL PHOSPHORUS	Sample Measurement				0.08			0		N
									3:0):1544 **	
ORTHO-PHOSPHORUS	Sample Measurement				0.078			ϕ		

DAILY SAMPLE RESULTS - PART B

Month/Year: Nov 2002

Permit Num er: FLA0034789-002-DW1P

Facility Name: Mid-County WWTP

Three-month Average Daily Flow:
Daily Flow % of Permitted Capacity: \$10%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	TRC (For Dechlorinat.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00530	00400	74055	50060	50060	00600	00665	00300	80082	00530
Mon. Site	EFD-01	EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01	EFD-01	INF-01	INF-01
i	770			1.0	7.0-6.5	21	1.0	0.01			6.8		
2	. 628				7.1-87		1.4	0.01			7.0		
3	.786				10-6.5	_	2.9	0.01			7-0		
4	.721			1-0	7-2-6-7	41	1.7	0.01			7.3		
5	727			1.0	7-0-6-7	41	2.5	0.01			7.3	<u> </u>	ļ
6	726	20	1.0	1.0	7-1-6.8	41	1-6	0.61	2.3	0.52	7.2		
7	715		<u> </u>	1.0	7.1-6.0	41	1.1	0.01			7.4		
	.691	ļ		1.0	20-6.7	41	1.7	0.01			6.8		<u> </u>
9	.732	<u> </u>		-	68.65	-	1.0	0-01			7.1	<u> </u>	_
10	12)	<u> </u>			68-6.5		1.8	0.01	,		7.1		<u> </u>
11	.737	<u> </u>		1.0	70-64	4	1.8	0-01			6-8	ļ	<u> </u>
13	.718		 	1.0	7.1-6.7	· · · · · · · · · · · · · · · · · · ·	3.1	0-01			7.0		1
13	.676		1-0	1.0	72-70		1.7	0.01	2.9	0.33	7-2	170	59
15	1770		-	1/-9	72-69		1.3	0-01			7.4	ļ	
16	.754			1.3	72-63	<u> </u>	1.8	0.01			7-1	ļ <u>.</u>	
17	.75€		<u> </u>		71-G8		1.0	0-01	<u> </u>		7-4		<u> </u>
17	1847	<u> </u>		-3-2	71-68	3	1.1	0.01			7.4		<u> </u>
18	1.757			1.0	70-6.7	41	1.5	0.01	<u> </u>		7.0		
	1.747			1.0	7.1-67	41	1.0	0.01			7.5		
20	782			1.0	706)	<1	1.1	0-01	<u> </u>		6.8		
21	1,729		<u> </u>	1.0	68-66	< /	2.0	0.01	4.0	.077	6.8		
23		, d. 0	1.0	20	12-65		4.0	0-01			6.8		
24	1.609		-	1-	71-67		1-4	8.01			6.8	<u> </u>	
25	-76 3		-	-	70-65		1.1	0.01			7.4		
26	.682			1.0	7.0-6.6			0.01			7-0		
27	-691			1.0	20-6-5	<1	1.8	0.01			64		<u> </u>
28		20	1.2	1.0	72-64	, <1	1.4	0.01	1.7	0.24			
29	.70 3			/- 0			1.0	0.01			6.9		
	1779			1.0	7.2.6.8	61	1.5	0.01			7.1		
30	-64	5			70-6.		1.1	0.01			7-0		
31			_1				_						

PLANT'S 'AFFING:				B12018					
Day Shift Operator	Class:	3+13	Certificate No:	B.8035	Name:	TOWALDE LOSTE	the-Dayo Chruscys		
Evening 5 sift Operator	Class:	TA	Certificate No:	C8834-A512	Name:	HOW OUD & PHRUEH.			
Night Shi : Operator	Class:	ZZ	Certificate No:	X/A	Name:	NA			
Lead Ope ator	Class:	3	Certificate No:	13.8035	Name:	Janes E	HOSTE TUR.		
Type of E fluent Disposal or Reclaimed Water Reuse:									
Limited V et Weather Discharge Activated: Yes: No: Not Applicable: If yes: cumulative days of wet weather									
discharge	_				,		7/7:		
Attach as ditional sheets if new	rettory to	liet all needifie	d annuature						

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tillahassee, Ft. 32399-2400

PERMITTEE NAME: MAJLING ADDRESS: Mid-County Services, Inc. 200 Weathersfield Ave.

Altamoute Springs, FL 32714

PERMIT NUMBER: MONITORING PERIOD From:

FL00347894XI2-DW1F 12-1-06 Final

D001

To: REPORT: 12-31-02 Monthly

CLASS SIZE: PLANT SIZE/TREATMENT TYPE:

LIMIT:

Minor В

GROUP:

WAFR SITE NO .:

Domestic

14595

FACILITY: LOCATION:

COUNTY:

Mid-County WWTP

2299 Spanish Vista Dr.

Pinellas

Palm Harbor, FL 34668

THREE MONTH ROLLING ADF:

DISCHARGE POINT NUMBER:

90 % OF PERMITTED CAPACITY

DMR date: 2/00

Frequency of Sample Type Quality or Concentration Units No. Units Analysis Quantity of Loading Ex. Parameter RAA MLL CALCULATED O 2.03 Sample CBOD5 Rolling Annual Calculated mg/L Measurement , 5.0 Avg. S. 83 84 6 Permit STORET No. \$008? (Anave) Меавигетст Mon.Site No. EFD-01-36118 ZYHFPC WEEKLY MGL NODI=9 Sample 3 2 CHOUS 16-hour FPC Weekly 35 75 TE Measurement 10.0 mg/L 6.25 Permit (Week AVE) (Max.) 15 STORET No. 80082 (Ma.Avg.) RAA Measurement Mon. Site No. EFD-01-36118 Alcuited nol 1.03 Sample Rolling Angual Calculated mg/L Measurement 5.0 Avg.1 **解**溶塞等 Permit STORET No. 00530 (An Avg.) Measurement Mon. Site No. EFD-01-36118 WEEKLY 240PC · 6 NOOT: 9 Sample TSS Weekly alchour IPC og mg/L Measurement 319 8 10.0 (Week Avg.) (Max.) STORET No. 00530 3 125 Permut Co. 2 Mon. Site No. EFD-01-36118 Measurement FRAD SDWF 加をと 2.6 Sample 7 Days/Week Grab mg/L Measurement 5.0 SHE Permit 1988 (Max.) STORET No. 00530 B Mon.Site No. EFB-01-36383 Measurement 3.0 CONTINOUS S ME 6.0 Sample He Meter ... Continuous: S.U. Measurement 3 8.5 Permit was STORET No. 00400 1 366 Sie No. EPO-01-36118 Messurement

Rolling Annual Average is the average of the current monthly average and the preceding ill month's monthly average

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

submitted information is true, accurate and complete, I am aware that the		TELEPHONE NO	DATE (YYMM/DD)
ON LITTIONIZED AGENT	STONATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONENO	222121(11)
1 CIACLE PARTY IS A SECURIOR TO A C. E. A. P.C. (1) I.V.D. CHANGO CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF	1 1 2 7	73518	12-1-22
1		127-787-7518	
MOSTETIEL.	View C November 1	<u> </u>	
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DESCHARGE MONITORING REPORT - PART A (Continued)

PACILITY NAME: Md-County WWTP

PERMIT NUMBER: FL0034789-002-DWIP

DISCHARGE POINT NUMBER: D601

WAFR SITE No.: 14595

Month/Year: OEC 200 C		Quantity or Loading		Units	Qua	ality or Concentration		Units No.		Prequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				<1		<1	100 ACC	0	50WK	GFAB
STORET No. 31615 1	Point Markement				New Description			#100			
TRC for distribution	Sample Measurement				1.0			MGI	0	COVI From s	METER.
STORET No. 50060 A Non Sin No. EFA-01-36356	Permit Alsa surcement			徐				104	1	Continued	
TRC for dechlorination	Sample Measurement						0.01	Mer	0	Hosey	GRAB
STORET No. 30060 1 Mon. Sign No. EFD-01-36118	Pennit Measurement						(Max.)		13	Louds	
Nitrogen	Sample Measurement				2.23			MGL	0	Grunde ()	RAA
STORET No. 00600 Y Mon. She No. EFD-01-36118	Perreit Measurement				TALANT Z						777
Nitrogen	Sample Measurement			s-37.02 'v	2.26	P=7001	3.0	Mer	0	WEEKY	24HPC.
STORET No. 00600 Men. Site No. EFD-01-36118	Permit	A TOP OF THE STREET		96.40	Lido Avg	(Veek Avg	(Max)				
Phosphorus	Sample Monsurement				0.47			MGC	٥	CAlmiteo	. SAMBLE
STORET No. 00665 y Mon Side No. EFD-01-36118	Pennit Measurement				(An Ave)			mg/Las			
Phosphorus	Measurement				0.24	P=IGO)	0.33	Mal	0	WEEKM	24HFPC
STORET No. 70507 1 Man Sin No. EFD-01-36118	Pennit Mensurgatent			3	(25 (26.Avg.)	(Week Ave.)	(Max.)	mg/L ss	3	V	
Oxygen, Dissolved (DO)	Sample Ateasurement				6.8			Mer	٥	DARY.	GRAS
STORET No. 00300 1 Mars. Site No. BFD-01-36/18	Permit Measurement				5.8 (Mn.)			ngh.			UI OD

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Mid-County WWTP MONTH/YEAR DEC 2002

PERMIT NUMBER: PL0034789-002-DWIP

DISCHARGE POINT NUMBER: DOG!

WAFR SITE No.: 14595

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Typ
Flow	Sample Measurement	,770	.951	1860				age productions	0	Courtered	Flow METER
STORET No. SOUSC Mon Sie ng Exd-01-36118	Page 11	(J.900) (AADX ⁴)		100		沙汉 维州					
Flow	Sample Mensurement		.770	Mro				VISH CITY	0	MUNDONCAL	RAA.
STORET No. 10030 Y Moo. Size No. RED-01-36118	Permet Measurement		Raport (Arn Avg.)	mgd		17				Monthly Calculation	Annual Ave
CBO05	Sample Measurement				140			1162	8 1322-3	Modfrey.	2414FAC
STORET No. 80082 G Mon Sin No. ENF-01-36119	Permit Mequirement				Report (Mo.Ave.)		4004	ngt.			数 家乡 注。
122	Sample Measurement				280	1500 TO 1000 NO.		MGA	0	Matthe	24HRFFC
STORET No. 00530 U Man. Siz No. INF-01-36119	Permit Measurement				Report (Mo.Avg.)			6 002/8			
A Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Particular and a Part	Sample Measurament							16599997777		120005 275 275 275 275 275 275 275 275 275 27	\$5-7-66 PM
	Pomit Measuremoni								73.		6000 M
	Sample Moasuroment										3. 202 E35.
	Permit Monsurement										
	Sample Measurement						1	कुरक्षमः । इ.क.म. ११			
	Permit Massurement								1 (5) 1 (4)		
	Sample Measurement										
	Penniti Mossurement									1000	
	Sample Measurement					›- ·					
	Penuit Measurement						,			· ·	

DAILY SAMPLE RESULTS - PART B

Permit Number: Month/Year: DEC 2002.

FLA0034789-002-DW1P

Facility Name: Mid-County WWTP

Throo-month Average Deliy Flow: 31° Deliy Flow % of Permitted Capacity: 96%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	рН (s.u.) Н - 4	Fecal Coliform Bacteria (#/100mi)	TRC (For Disinfect.) (mg/L)	TRC (For Dechloringt.) (mg/L)	Nitrogen (se N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBODS (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00530	00400	74055	50060	50060	00600	00665	00300	80082	00530
Mon. Site	EFD-01	EFD-01	EFB-01	EFD-01	EFD-01	EPD-01	EFA-01	EFD-01	EFD-01	EFD-01	EFD-01	INF-01	INF-01
i	.007			-	7.0-66		2.4	0.01			6.9		
2	72)			1.0	70.68	<1	2.3	0-61	<u> </u>		7.2		
3	.660			1-0	70-6.7	< 1	1.0	0.01	AC S		6 7		-
4	.708	2.0	1.0	1.0	10-6-7	<1	1.0	0.01	3.0	0.20	6-5	140	280
3	796			1-0	70-66	<1	1.2	0-01			7-7		
6	795			1.0	69- G-1	<1	1.2	0-01			7.0		
7 8	.797			:>-	7.0-67		1.1	0.01			68		
L	803			-	70-68	~-	2.1	0.01			7.4		
9	1.18	ļ		1.0	21-68	< 1	1.0	0.01			6.5		
10	1.10			ی کے	12-6.5	<1	11	.0-01	-		6.8		
11	<i>j</i> • 0	2.0	1.0	1.0	67.65	41	1.0	0-01	1.8	0-17	6.9	 	†
12	1-27			1.6	68-65	21	1.0	0.01	1	† · · · · · ·	8.4	 	 -
13	1-47			110	68-65	<1	1-2	0.01		 	6.2_	 	
14	1.12.				61-65		1.9	0.01			6.8		
15	1.10				66-6.5		1.9	0-01			7.2-		
16	944			16	66-64	41	2.3	0.01		<u> </u>	7-1		
17	.945			1.0	68.65	<1	1.1	0.01	1		7.2		
18	- 897	3.6	1.0	1.0	6.8-65	<1	2-9	0.01	1.6	0.27	7.2		
19	.951			2.6	6.8-6.5	41	2.0	0.01	1.6	1 3 7	68		 -
20	.947			/. 0	21-68	<1	2.7	0.01	<u> </u>	 	7-0		 -
21	.871			_	69-67		1.5	0.01	 		6-5	 	
22	.929			_	69-60		1.7	0.0(-	 	6.8		
2.3	,831	20	1.0	1.0	7.0-6-7	<1	2.3	0.01	3.2	0-33	7.0	 	
24	1.10			1.0	70-68	41	1-0	0-01	3.5	1 23	6-7	 	
25	1-05			1.0	20-68	41	2.7	0.01	 		<u> </u>		-
26	.950		1	1	77-65		18	0.01	 		2.3	 	
27	955			1.0	68-65	14 *** H	2.2	1		-	7.1	 	
28	.84				68-65	· · · · · · · · · · · · · · · · · · ·	1.9	0.01			7.2		
29	.876				68-65		2.0	0-01	 	 	7.7	-	
30	890	2.0	1-0	7	68-66		1,2	0.01	7 -7	1	 	 	
31	1.24.		1 · · ·	}	7.0-6.7	41	1-9	0.01	2.7	0-21	8.1		ļ

PLANT STAPFING: Day Shift Operator Evening Shift Operator Class: Night Shift Operator Lead Operator Type of Efficient Disposal or Reclaimed Water Reuse: Limited Work Weather Discharge Activated: Yes: No Attach additional shorts 16	Certificate No: 13 50 3 5 COLUMN CREEK. D. Not Applicable: If yes, cumulative	Name: Dunge Hostetch Danto C weeker. Name: Atward Theorem Raip 4 to the S. Name: HA Name: Danie & Hostet Cer.
Attach additional sheets if necessary to list all certifie	sd operators,	

When Completed mail this report to: Department of Environmental Protection, Wassewater Fasilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Mid-County Services, Inc. 200 Weathersfield Ave.

Alternonce Springs, FL 32714

PERMIT NUMBER:

MONITORING PERIOD From:

FL0034789-002-DWIP

To: REPORT: GROUP: /1.31.02

CLASS SEZE:

LIMIT:

PLANT SIZE/TREATMENT TYPE: DISCHARGE POINT NUMBER: Manor B D061

WAFR SITE NO.:

14595

FACILITY: LOCATION: Mid-County WWTP 2299 Spanish Vista Dr.

Pains Harbor, FL 34668

COUNTY:

Pinellas

DMR date: 2/60

Parameter		Quantity or Loading	Units Quality or Concentration		Units	No. Ex.	Prequency of Analysis	Ѕапарі е Туре	
NOBL STATRE 1 DAY CHRONIC Certodophaia duble (Routise)	Sample Measurement			Noor-9					
IOBL STATRE 7 DAY CHRONIC Cerlodaphnie duble (Additional)	Sample Measurement			Mapt= 9		1			
NOEL STATRE? DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement			1005-9			20 2 C		
NOEL STATRE 7 DAY CHRONIC Pimephales promales (Routine)	Sample Measurement			1000-d					
YOEL STATRE ? DAY CHRONIC Prophetes promeias (Additional)	Sample Measurement			Nobt-d			05-62-00-00		
NOEL STATRE 7 DAY CHRONIC Piezephales promelas (Additional)	Sample Measurement			Nodf=9					
	Company of the second								

^{*} If a second definitive test is required, enter the result in an empty row.

I certify under penalty of law that I have personally examined and an familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant parallies for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO DATE (YY/MM/DD)
Daniell & HOSTETIEN.	Ul Cypius	727-787-7978 33-1-22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

^{**} Enter NODI=9 in the results column if no discharge occurred during the reporting period. Enter NODI=9 in the results column if no deficitive tests are required.

PERMIT NUMBER:

LIMIT:

CLASS SIZE:

MONITORING PERIOD From:

PLANT SIZE/TREATMENT TYPE

DISCHARGE POINT NUMBER:

FL0034789-002-DW1P

D091: Ambient Monitoring

Minor

B

To:

REPORT:

GROUP:

at Cutfall

WAFR SITE No.:

Ambient

14595

Monitoring Domestic

When Completed stall this report to: Department of Environmental Protection, Wastewater Pacifities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahessee, 32399-2400

Mid-County Services, in.

Altamonte Springs, FL 32714

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

200 Weathersfield Avc.

Mid-County Services, in.

PERMITTER NAME:

MAILING ADDRESS:

FACILITY:

Paim H	osnišk Vista Dr.me arbor, FL 34668	DISCHARGE POINT NUMBER:	D991; Ambient Moultoring		DMR Date: 02/00	
OUNTY: Pinellar Parameter		Quality or Concent		No. Frequency of Analysis	Sample Type	
pH	Sample Moesurement	Nat-d				
HISOLVED OXYCEN	Sample Measurement	10:00 f = 9				
EMPERATURE	Sample Measurement	NoD1=9				
ALINITY	Sample Measurement	DODI=9				
ecal Coliform	Sample Measurement	NaDE=9				
otal Coliform	Sample Measurenem	16037=9				
urbidity	Sample Measurement	NODE=9				
erify under pendity of how that I mitted information is true, accum	have personally examined and am familiar water and complete. I am aware that there are a	vith the information submitted herein; and hased on my inquity of significant penalties for submitting false information including the	those individuals immediately respo possibility of time and imprisonment	asible for obtaining the in L	nformanion, i believ	
	XECUTIVE OFFICER OR AUTHORIZED				TS (YYAMM/DD)	
D. M. R.	HOSTET (R	Woole Wate	()	727-787-2578 1-	03.22	

When Completed until this report to: Department of Environmental Protestion, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tellahassee, 32399-2400 FACILITY NAME: Mid-County WWTP PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: D001 ~ Ambient Monacoring at Outfall

PACILITY NAME: Mid-County WWYP MONTH/YEAR: DEC 2002

WAFR SITE No.: 14595

Parameter	Ţ	Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Prequency of Analysis	Sacuple Type
TOTAL SUSPENDED SOLIDS	Sample Measurement			N001~9						
BODs, CARBONACEOUS	Sample Measurement			Note9						
										f 2
TOTAL KJELDAHL NETROGEN	Sample Measurement			MOI=9						
NITRITE-NITRATE	Sample Measurement			MADE=4						
TOTAL AMMONIA	Sample Measurement			MOE=9						,
TOTAL PHOSPHORUS	Sample Measurement			P=2001	stanting sheets in the state of					
ORTHO-PHOSPHORUS	Sample Measurement			1007 = 7.						158/78

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Managament Section, MS 3511, 2600 Biair Stone Rd, Taliabassec, 32399-2400

PERMITTEE NAME: MATLING ADDRESS: Mid-County Services, la. 200 Weathershold Ave.

Altamonte Springs, FL 32714

PERMIT NUMBER:

MONITORING PERIOD From: LIMITE

Te:

GROUP:

Ambiene

FL0034789-002-DWIP

REPORT:

Monitoring

Domestic 14595

PACILITY: LOCATION: Mid-County Services, In. 2299 Spanish Virta Dr.aue

Paim Harbor, FL 34668

CLASS SIZE:

PLANT SIZE/TREATMENT TYPE DESCHARGE POINT NUMBER:

Minor

WAFR STIE No.: D001: Ambient Monitoring Upstream

DMR Date: 02/00

Pinellas COUNTY: Sample Type Frequency of Units No. **Onality or Concentration** Parameter Analysis Ex. Sample N002-2 ηH 1°-7006 Measurement Sample DISSOLVED OXYGEN んりあひと~り MODE - 9 Measurement TEMPERATURE Samule NODE - 9 Measurement Sample SALINITY NOTE: 9 Measurement Samole Fecal Collibra NODE = 9 Measurement Sample Total Coliform MODF: 9 1601- 9 Measurement Sample XMDF-9 Turbidity NUDE = S Measurement

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant possibiles for submitting false information including the possibility of face and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNA	TURE O	F PKI	VOPA	EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
MARKET LITE OF FRUIT ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND ALL MARKET AND		<u> </u>	L - 12		out	771-181-7978	03-1-22
CUAN C	- L		~~				

When Campleted mail this report to: Department of Environmental Protection, Wastewater Pacilities Management Section, MS 3511, 2600 Binit Stone Rd, Talishassee, 32399-2400 FACILITY NAME: Mid-County WWTP PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: D001- Anchient Monitoring Upstream MONTH/YEAR:

WAFR SITE No.: 14595

Parameter	T	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.		Sample Type
CHLOROPHYLL»	Sample Measurement			Nod-6				
TOTAL SUSPENDED SOLIDS	Sample Measurement			. Wast d				
OD, CARBONACEOUS	Sample Measurement			MODE?				
NOTAL KIELDAHL NITROGEN	Sample Measurement			haot-a				
NITRITE-WIFATE	Sample Measurement			Mon = 9				,
TOTAL AMMONIA	Sample Measurement			P = 2001			28/2/03/5	
TOTAL PHOSPHORUS	Sample Measurement			P=2001X				
ORTHO-PHOSPHORUS	Sample Measurement			1001-9				

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

12-1-02

Fine

Minor

FL0034789-002-DW1P

To:

REPORT:

GROUP:

Ambient Monitoring

TELEPHONENO | DATE (YYMMOD)

Domestio

When Completed stall fals report to Department of Environmental Protection, Wasseweter Familities Management Section, MS 3511, 2600 Bisir Stone Rd, Talishassee, 32399-2400

MONITORING PERIOD From:

NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

PERMIT NUMBER:

LIMIT:

WALLS DON'T IN

Mid-County Services, In.

Alternocto Springs, PL 32714

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all strackments bets):

200 Westhersfield Ave.

PERMITTEE NAME

MAILING ADDRESS:

PACILITY: LOCATION:	Mid-County Services, in. 2299 Spanish Vista Dr. 200 Palm Harison, FL 34663	PLANT SIZE/TREATMENT T DISCHARGE POENT NUMBE	ypg b R: D0	WAFR SITE No. Downstream				
COUNTY:	Pinelies		Units	No.	Prequency of Analysis	Sample Type		
Peran	acaes					Bx.	Missipas	
pθ	Surreio Measurement		MOFT	Nootos				
					44.2			
DISSOLVED OXY			NODE=01	West-3				
TEMPERATURE	Sample Measurement		MD8-9	NO.E=9				
SALINITY .	Sample Measurement		XCODE-9	1/000-9				
							100	
Pegal Coliform	Sample Mountainent			NoDI-9				
Total Caliform	Sample Measurement			Kodr-9				
Turbidity	Semple Measurement			NODE:9				
	y of law that I have presonably equalized and							

When Completed shall this report to: Department of Environmental Protection, Wastewater Pacifities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400 FACILITY NAME; Mid-County WWTP PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: D001- Ambient Monitoring Downs MONTH/YEAR: DCC 2005

DISCHARGE POINT NUMBER: DOO1- Ambient Monitoring Downstream

WAPR SITE No.: 14595

Parameter	Parameter Quantity or Loadin			Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
CHLCROPHYLL-4	Sample Measurement			Novar-9	**			SSEALE FIRE CO	
TOTAL SUSPENDED SOLIDS	Sample Measurement			\0 0V=7					
BOD, CARBONACEOUS	Sample Measurement			NET = 9					
TOTAL KÆLDAHL NITROGEN	Sample Measurement			Kleve-7					
TTRITE-NITRATE	Sample Measurement			· NOS-9					
OTAL AMMONIA	Sample Measurement			· 100-9					
TOTAL PHOSPHORUS	Sample Measurement			15-1601					
DRTHO-PHOSPHORUS	Sample Measurement			hoper					

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

MID-COUNTY SERVICES, INC.

Docket No. 030446

25.30-440(5) Inspection Reports

Test Year Ended December 31, 2002



Department of Environmental Protection

ORIG! PF

Jeb Bush Governor Southwest District 3804 Coconut Palm Drive Tampa, Florida 33619 JUL Z = 2 David B. Struhs
Secretary

July 22, 2002 Pinellas County-DW

Mr. Donald Rasmussen, Vice President Mid-County Services, Inc. 200 Weathersfield Avenue Altamonte Springs, FL 32714

Neodleric 8/11/02

re:

Mid-County WWTP
Permit No. FL0034789
Compliance Evaluation Inspection.

Dear Mr. Rasmussen:

The wastewater treatment plant at the above-referenced location was inspected on July 16, 2002. Based on this inspection and a review of the information on file with the Department, the following observations are being brought to your attention:

PERMIT:

Domestic Wastewater Permit No. FL0034789 was issued April 24, 2000, revised May 8 and November 21, 2000, April 20 and December 21, 2001 and May 20, 2002. Permit No. FL0034789 expires April 23, 2005.

COMPLIANCE SCHEDULES:

There are no outstanding compliance schedule items for this facility.

LABORATORY:

A contract laboratory perform. malyses. The laboratory was not evaluated.

SAMPLING: *

- 1. Influent and effluent sampling locations and procedures were reviewed. It was noted that the sample tubing on the effluent composite sampler was excessively fouled and should be replaced more frequently.
- 2. Influent sampling is performed by 16-hour timed compositing. Please note that 16-hour flow-proportioned sampling is required.

- 3. Influent samples are pulled after the return of plant process waters. Influent samples must not contain supernatant, return activated sludge or any other plant process recycle waters.
- 4. Total suspended solids, as a measure of disinfection, is currently sampled at the outfall after chlorination. This sample should be taken just after filtration and prior to chlorination.
- 5. In-line meter operation and locations were reviewed. A discussion with the certified operator, Mr. Don Hostetler, indicated that for reporting purposes, grab samples were taken for pH and total residual chlorine-disinfection. The wastewater permit requires that these parameters be reported from continuous meters.
 - 6. For your information, the Department recently updated and adopted new Standard Operating Procedures for Field Activities (DEP-SOP-002/01). These SOPs address calibration and documentation of field instrumentation, including in-line meters. The SOPs may be downloaded from the Department's webpage at: http://www.dep.state.fl.us/labs/qa/2002sops.htm.

RECORDS AND REPORTS:

Pursuant to Specific Condition No. VIII.1 of the wastewater permit, a report, describing the current operation and maintenance status and condition of the facility's collection system, any major maintenance improvements started or completed within the prior year, and any proposed maintenance or improvement projects for the following year, shall be prepared and submitted to the Department. This report is due annually from the date of permit issuance, or by April 24. The most recent annual summary report on file was received April 19, 2002. The Department has no objection to the course of action presented therein. This report constitutes the third and final annual report, required under Specific Condition No. VIII.1.

FACILITY SITE REVIEW:

No deficiencies were noted. The facility grounds appeared well maintained.

FLOW MEASUREMENT:

A v-notch weir to sonic meter with totalizer at the end of the dechlorination tank measures effluent flow. The flow measurement calibration was current.

OPERATION AND MAINTENANCE: *

Gas Chlorination systems require proper safety features. In addition to protection from the weather, chains for the cylinder, ammonia solution to test for leaks, and NIOSH-approved respirator protection, a working fan and light with an outside-mounted switch for enclosed buildings are required.

EFFLUENT QUALITY:

1. A review of DMRs, submitted for the 10-month period of July, 2001 through April, 2002, indicated that the effluent permit limit for fecal coliform single sample maximum was exceeded once in September, 2001.

Mr. Donald Rasmussen Re: Mid-County WWTP Page 3 of 3

2. A review of the whole effluent toxicity test results, submitted for the 10-month period of July, 2001 through April, 2002, indicated that the effluent was not chronically toxic to *Ceriodaphnia dubia* or *Pimephales promelas* in the four test results reviewed.

EFFLUENT DISPOSAL:

Effluent is disposed of by permitted discharge to Curlew Creek. No deficiencies were noted.

RESIDUALS/SLUDGE: *

The Department has not received the first quarter, 2002 sludge analysis results. Please forward a copy as soon as possible.

GROUNDWATER:

There is no ground water monitoring requirement for this facility.

OTHER:

The certified operator, Mr. Don Hostetler, indicated that the surge tank would be taken down for maintenance in the very near future. Please note that such an activity constitutes a planned bypass. The provisions of General Condition No. IX.22 of your permit should be followed.

The type of inspection conducted was a Compliance Evaluation. A copy of the inspection is enclosed. Please note that a Compliance Evaluation Inspection is a non-sampling inspection designed to verify permittee compliance. This inspection is intended to review all the inspection evaluation areas of a facility.

The Department requests a written response within twenty days of receipt of this letter outlining action taken to correct the outstanding items, indicated by asterisk. Please direct any questions to the undersigned at (813) 744-6100, extension 335 or email michele.duggan@dep.state.fl.us.

Sincerely,

Michele Duggan

Environmental Specialist

Domestic Wastewater Section

MD/mdd

enclosure

cc: Michael Tanski, FDEP with enclosure William Washburn, FDEP via email Garth Amstrong, MCUI, via email

COMET ENTRY DATE

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

	FACILITY A	ND INSPECTION	ON INFOI	RMATION	@ = Optional
Name and Physical Location of Nich Council 2299 Spanish Arland Kranha	of Facility WIF INSTR Dr. A. A. 346	WAFR ID: FL 003478	9 (Phone	Entry Date Time O 16 02 03
Name(s) of Field Representate DON-HOSHEH SWIN ALMS	ives(s)	Title			Phone
Jame and Address of Permit Donald Rh Wid Coursely Doo Weath	Soursen,	give Presiding	*	Phone	@ Operator Certification #
Inspection Type	Samples Take	n(Y/N): \	@ Sample ID#:		Samples Split (Y/N):
Domestic	Industrial	Were Photos Taken(Y/N):	N	@ Log book Volume:	@ Page
Significant Non FERMITS/ORDERS 1. • Permit 2. • Compliance Sch 13. Other: Facility and/or Order Comp	-Compliance Criteria SELF PROC 3. L edules U 4. S.	actory; M=Minor; U=Unstand be Reviewed when MONTORING RAM aboratory ampling ecords & Reports	FACILITY 6. Facility 7. Flow M	Ratings Are Given in OPERATIONS / Site Review Measurement ion & Maintenance	Areas Marked by a "♦" EFFLUENT/DISPOSAL 9. ♦ Effluent Quality 10. ♦ Effluent Disposal W11. Residuals/Sludge 12. Groundwater ut-Of-Compliance
Recommended Actions:	the				
Name(s) and Signature(s) o	f Inspector(s)	0(813)744,	6100>	District Office/Phone N	Date 07 9 02
@ Signature of Reviewer				District Office/Phone N	umber Date
Fill Out Thi Transaction Code N 5		Surface Water Disc ES Number 3 4 7 8 9 ADDITIONAL N			SI, CBI, PAI, XSI, RI) Type Inspector Fac Typ 2 3 2
Inspection Code (Fiel	d 2): S=State, J=Joint): 1=Municip' (Publi	C=CEI, S= CSI, X=XSI, R EPA/State-EPA Lead, T= cly Owned), 2=Industrial	Joint State/EPA	-State Lead, L=Local	l Program Agricultural, 4=Fed

MID-COUNTY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC. 200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES: 2335 Sanders Road Northbrook, Illinois 60062 Telephone: 847-498-6440

Telephone: 407-869-1919 Florida: 800-272-1919 Fax: 407-869-6961 www.utilitiesinc-usa.com

August 6, 2002

Ms. Michele Duggan Environmental Specialist FDEP-Southwest District 3804 Coconut Palm Drive Tampa, FL 33619

Re: Mid-County WWTP

Permit No. FL0034789-006-DW1/MR Pinellas County-Domestic Wastewater

Dear Ms. Duggan:

This letter is in response to your letter of July 22, 2002 regarding your recent compliance inspection of the Mid-County WWTP on July 16, 2002. My responses follow the format provided in your letter.

PERMIT

No comment required.

COMPLIANCE SCHEDULES

No comment required.

LABORATORY

No comment required.

SAMPLING

- 1. Sample tubing on the effluent composite sampler will be replaced more frequently to minimize the likelihood of biofilm causing a negative impact on the samples.
- 2. I agree that the influent sample should be a 16-hour flow proportioned sample. We will order and install a sampler near the influent. Sampling events will be triggered by the effluent flow meter output.
- 3. Sampling protocol has been modified so that future influent samples will be drawn from raw wastewater only, not commingled with supernatant or return sludge streems
- 4. Future Total Suspended Solids (TSS) samples will be taken at the influent end of the chlorine contact tank, not at the effluent end.
- 5. Regarding the use of grab samples to report pH and chlorine residual values, J take issue with your comment that these parameters must be reported from continuous meters. The permit language in Section I.A (3) states: "Hourly measurement of pH and total residual chlorine for disinfection during the period of required operator attendance may be substituted for continuous measurement." It is my understanding from the above language that our current practice of using hourly grab sample data taken during the 16-hour operator attendance period is an acceptable alternative.

Page 1 of 3 Operations: 19:2:615: response to 7/16/02 comp insp 6. I will download the recently updated "Standard Operating Procedures for Field Activities" referenced in your letter and provide copies to our operations staff.

RECORDS AND REPORTS

No comment required.

FACILITY SITE REVIEW

No comment required.

FLOW MEASUREMENT

No comment required.

OPERATION AND MAINTENANCE

The operators were counseled about the importance of following proper safety procedures in regard to the storage and handling of chlorine gas and sulfur dioxide. The exhaust fan that was not working on the day of your inspection has been replaced. Ammonia solution is available to use in checking for leaks. A NIOSH-approved respirator is on site and available for use in emergencies.

EFFLUENT QUALITY

- 1. A fecal coliform sample taken in September 2001 exceeded the permit limit of 25 colonies/100 ml. In this particular sample, a total of 44 colonies/100 ml was measured. It is my belief that this permit exceedance was due to sample contamination or lab error. During this time period the plant's effluent water quality was excellent and the disinfection system was functioning properly. Subsequent sample results were well below the permit limit.
- 2. I would like to bring to your attention the fact that the recent series of whole effluent toxicity tests has been very successful. The last eight or nine toxicity samples have passed with flying colors. In fact, due to our ability to produce non-toxic, high quality effluent on a long-term continuous basis, the Department has reduced the toxicity sampling frequency from bi-monthly to quarterly.

EFFLUENT DISPOSAL

No comment required.

RESIDUALS/SLUDGE

A copy of the first quarter 2002 sludge analysis is enclosed.

GROUNDWATER

No comment required.

OTHER

We are investigating various options and methods of cleaning out the equalization tank. One option is to remove the buildup of grit and sand while the tank remains in service. This involves the use of specialized equipment provided by a qualified contractor familiar with plant operations. If we elect to use this cleaning method, no planned bypass would be required and the tank would be completely cleaned in a quicker time period. If we choose to use a method that requires taking the tank out of service, we will notify the department as required by the permit's General Condition IX.22.

Thank you for your comments and assistance. If you have any questions regarding the above information, please call me at 407.869.8588, ext. 242.

Sincerely,

MID-COUNTY SERVICES, INC.

Patrick C. Flynn

Regional Manager

Enclosure:

First quarter and second quarter 2002 sludge analyses

Ec:

Don Rasmussen, Vice President

Garth Armstrong, Assistant Operations Manager

Gary Armstrong, Area Manager Don Hostetler, Lead Operator MID-COUNTY SERVICES, INC.

Docket No. 030446

25.30-440(6) Permits

Test Year Ended December 31, 2002



Jeb Bush Governor

Department of Environmental Protect

Southwest District 3804 Coconut Palm Drive Tampa, Florida 33619

David B. Struhs Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Mid-County Services, Inc. 200 Weathersfield Ave. Altamonte Springs, FL 32714

Atten.:

Mr. Donald Rasmussen Vice President

FACILITY:

Mid-County WWTP 2299 Spanish Vista Dr. Palm Harbor, FL 34668

Latitude: 28° 02' 20" N Longitude: 82° 45' 20" W

PERMIT NUMBER: ISSUANCE DATE: EXPIRATION DATE: FACILITY I.D. NO: COUNTY: FL0034789-002-DW1P April 24, 2000 April 23, 2005 FL0034789 Pinellas

This permit is issued under the provisions of Chapter 403, Florida Statutes, and applicable rules of the Florida Administrative Code and constitutes authorization to discharge to waters of the state under the National Pollutant Discharge Elimination System. The above named permittee is hereby authorized to operate the facilities shown on the application and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TREATMENT FACILITIES:

An existing 0.900 mgd Three Month Average Daily Flow (TMADF), Type I, advanced wastewater treatment plant consisting of two separate treatment trains as follows: The flow is first directed through one (1) static screen, followed by one (1) flow equalization basin of 200,000 gallons total volume, and then through a splitter box which separates the flow into a 0.300 mgd stream and a 0.600 mgd stream. The 0.300 mgd treatment train consists of one (1) aeration basin of 349,000 gallons total volume and one (1) clarifier of 1025 ft² total surface area and 92,000 gallons total volume. The 0.600 mgd treatment train consists of one (1) aeration basin of 600,000 gallons total volume and one (1) clarifier of 1086 ft² total surface area and 97,520 gallons total volume. The flow from the two treatment trains is then combined in one (1) effluent holding tank of 16,000 gallons total volume, from which it flows to three (3) denitrification filters of 367 ft² total surface area and 1,100,000 gallons total volume. The flow is next directed to one (1) chlorination/dechlorination chamber of 37,000 gallons total volume. The residuals hadling system includes one (1) aerobic sludge digester of 41,020 gallons total volume and one (1) sludge holding tank of 43,500 gallons total volume. Residuals stabilization is achieved at the facility by the addition of lime. This facility is operated to provide advanced wastewater treatment (AWT) and high level disinfection with discharge into Curlew Creek.

Mid-County WWTP 200 Weathersfield Ave. Altamonte Springs, FL 32714

PERMIT NUMBER: EXPIRATION DATE:

FL0034789-003-DWF

See Page 1

TREATMENT FACILITIES:

An existing 0.900 mgd Annual Average Daily Flow (AADF), Type I, advanced wastewater treatment plant consisting of two separate treatment trains as follows: The flow is first directed through one (1) static screen, followed by one (1) flow equalization basin of 200,000 gallons total volume, and then through a splitter box which separates the flow into a 0.300 mgd stream and a 0.600 mgd stream. The 0.300 mgd treatment train consists of one (1) aeration basin of 349,000 gallons total volume and one (1) clarifier of 1025 ft² total surface area and 92,000 gallons total volume. The 0.600 mgd treatment train consists of one (1) aeration basin of 600,000 gallons total volume and one (1) clarifier of 1086 ft² total surface area and 97,520 gallons total volume. The flow from the two treatment trains is then combined in one (1) effluent holding tank of 16,000 gallons total volume, from which it flows to three (3) denitrification filters of 367 ft² total surface area and 1,100,000 gallons total volume. The flow is next directed to one (1) chlorination/dechlorination chamber of 37,000 gallons total volume. The residuals handling system includes one (1) aerobic sludge digester of 41,020 gallons total volume and one (1) sludge holding tank of 43,500 gallons total volume. Residuals stabilization is achieved at the facility by the addition of lime. This facility is operated to provide advanced wastewater treatment (AWT) and high level disinfection with discharge into Curlew Creek.

EFFLUENT DISPOSAL:

Surface Water Discharge: An existing 0.900 mgd AADF permitted discharge to Curlew Creek (D001 – A Class III Fresh Waterbody). The point of discharge is located approximately at latitude 28° 02' 20" N, longitude 82° 45' 20" W.

Mid-County WWTP

200 Weathersfield Ave.

Altamonte Springs, FL 32714

PERMIT NUMBER:

FL0034789-003-DWF

EXPIRATION DATE: See Page 1

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Surface Water Discharges

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to discharge effluent from Outfall D001 to Curlew Creek. Such discharge shall be limited and monitored by the permittee as specified below:

				Effluent L	imitations			Monitoring Requirements		
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow	mgd	Maximum	AADF ¹ 0.900	-	•	-	Continuous	Recording flow meters and totalizers	EFD-01-36118	See Cond.I.A.4
Carbonaceous Biochemical Oxygen Demand (5 day)	mg/L	Maximum	5.0	6.25	7.5	10.0	Weekly	16-hour flow proportioned composite (FPC)	EFD-01-36118	
Total Suspended Solids	mg/L	Maximum	5.0	6.25	7.5	10.0	Weekly	16-hour FPC	EFD-01-36118	
Total Suspended Solids	mg/L	Maximum	-	_	•	5.0	Daily 5/ Week	Grab	EFB-01-36383	
pH	std. units	Range	-	-	-	6.0 to 8.5	Continuous	Meter	EFD-01-36118	See Cond.I.A.3
Fecal Coliform Bacteria			See Permit Co	ondition I.A.5.			Daily 5 / wk	Grab	EFD-01-36118	
Total Residual Chlorine (For Disinfection)	mg/L	Minimum	-	-	-	1.0	Continuous	Meter	EFA-01-36356	See Cond.I.A.3, 6.
Total Residual Chlorine (For Dechlorination)	mg/L	Maximum	-	-	-	0.01	Hourly	Grab	EFD-01-36118	
Nitrogen, Total as N	mg/L as N	Maximum	3.0	3.75	4.5	6.0	Weekly	16-hourFPC	EFD-01-36118	
Phosphorus, Total as P	mg/L as P	Maximum	1.0	1.25	1.50	2.0	Weekly	16-hourFPC	EFD-01-36118	
Dissolved Oxygen	mg/L	Minimum	-	•	-	5.0	Daily 5 / wk	Grab	EFD-01-36118	
Whole Effluent Toxicity			· · · · · · · · · · · · · · · · · · ·			See Permit	Condition I.A7.			

¹Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.

PERMITTEE: Mid County Services, Inc.

Donald Rasmussen, Vice-President

200 Wethersfield Avenue Altamonte Springs, FL 32714 PERMIT NO.:

FL0034789 04/24/00

ISSUANCE DATE: EXPIRATION DATE:

04/23/05

2. Effluent samples shall be taken at the monitoring site locations listed in Permit Condition I. A. 1 as described below:

Monitoring Location	Description of Monitoring Location
D001 (14595)	Discharge of treated effluent to Curlew Creek.
EFA-01-36356	After disinfection and prior to dechlorination.
EFB-01-36383	After filtration and prior to disinfection.
EFD-01-36118	After dechlorination and prior to surface water discharge Curlew Creek.
SWB-01-36333	Ambient monitoring – 300 ft. upstream of outfall to Curlew Creek.
SWA-01-36334	Ambient monitoring – at outfall 001 just prior to mixing with surface waters (effluent)
SWD-01-36335	Ambient monitoring – 300 ft. downstream of outfall to Curlew Creek.

- Hourly measurement of pH and total residual chlorine for disinfection during the period of required operator attendance may be substituted for continuous measurement. [Chapter 62-601, Figure 2, Footnotes 1 and 2, 5-31-93]
- 4. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6), 5-31-93]
- 5. Over a 30 day period, 75 percent of the fecal coliform values (the 75th percentile value) shall be below the detection limits. Any one sample shall not exceed 25 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 5.0 milligrams per liter of total suspended solids (TSS) at a point before application of the disinfectant. Note: To report the 75th percentile value, list the fecal coliform values obtained during that month in ascending order. Report the value of the sample that corresponds to the 75th percentile (multiply the number of samples by 0.75). For example, for 30 samples, report the corresponding fecal coliform value for the 23rd value of ascending order. [62-600.440(5)(f), 6-8-93]
- 6. A minimum of 1.0 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. [62-600.440(5)(b) and (6)(b), 6-8-93]
- 7. Chronic Whole Effluent Toxicity Testing

The permittee shall continue the series of tests described below beginning within three months of permit modification to evaluate whole effluent toxicity of the discharge from Outfall 001. All test species, procedures and quality assurance criteria used shall be in accordance with Short-term methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms, EPA/600/4-91/002, or the most current edition. The control and dilution water will be moderately hard water as described in EPA/600/4-91/002, Table 3, or the most current edition. A standard reference toxicant quality assurance (QA) chronic toxicity test shall be conducted concurrently or no greater than 30 days before the date of the "routine" test, with each species used in the toxicity tests. The results of all QA toxicity tests shall be submitted with the discharge monitoring report (DMR). Any deviation from the bioassay procedures outlined herein shall be submitted in writing to the Department for review and approval prior to use.

a. Routine Testing:

- 1. The permittee shall conduct a daphnid, Ceriodaphnia dubia, Survival and Reproduction test and a fathead minnow, Pimephales promelas, Larval Survival and Growth Test. These tests shall be conducted using a control (0% effluent) and a minimum of five dilutions: 100%, 50%, 25%, 12.5% and 6.25% effluent.
- 2. For each set of tests conducted, a 24-hour flow proportioned composite sample of final effluent shall be collected and used per the sampling schedule discussed in EPA/600/4-91/002, Section 8, or the most current edition. Two additional composite samples shall be collected according to the protocol and used as renewal solutions on Day 3 (48 hours) and Day 5 (96 hours) of the test.

PERMITTEE: Mid County Services, Inc. Donald Rasmussen, Vice-President 200 Wethersfield Avenue

PERMIT NO.: **ISSUANCE DATE: EXPIRATION DATE:**

FL0034789 04/24/00 04/23/05

Altamonte Springs, FL 32714

If control mortality exceeds 20% for either species in any test, the test for that species (including the control) shall be repeated. A test will be considered valid only if control mortality does not exceed 20% for either species. If, in any separate test, 100% mortality occurs prior to the end of the test, and control mortality is less than 20% at that time, that test (including the control) shall be terminated with the conclusion that the sample demonstrates unacceptable toxicity. Additionally, test must meet the acceptability criteria for each species as defined in EPA/600/4-91/002 Section 13.11 and Section 11.11, respectively, or the most current edition.

b. Reporting:

- $\underline{1}$. The toxicity tests specified above shall be conducted once every three months until four (4) consecutive, valid quarterly tests are completed which demonstrate that no unacceptable toxicity (as defined in Permit Condition I.A.7.c. below) has been identified. These tests are referred to as "routine" tests. Upon the completion of four valid tests that demonstrate that no unacceptable toxicity (as defined in I.A.7.c.) has been identified, the permittee may petition the Department for a reduction in monitoring frequency.
- Results from "routine" tests shall be reported according to EPA/600/4-91/002, Section 10, Report Preparation (or the most current edition), and shall be submitted to:

Florida Department of Environmental Protection Domestic Wastewater Compliance 3804 Coconut Palm Drive Tampa, FL 33619-1352

- Additionally, all results shall be recorded and submitted on the Discharge Monitoring Report (DMR). in the following manner:
 - If the NOEC of a test species is less than 100% effluent, "<100%" should be entered on the DMR for that species.
 - If the NOEC of a test species is greater than or equal to 100% effluent, ">100%" should be entered.
- Results: An NOEC of less than 100% effluent in any "routine" or additional definitive test will be a violation of these permit conditions and Rule 62-302.530(62), F. A. C.
- Additional Testing: If a chronic toxicity violation (an NOEC of less than 100% effluent) is found in a "routine" test, the permittee shall conduct three additional definitive tests on each species indicating the violation.
 - The first additional test shall be conducted using a control (0% effluent) and a minimum of five dilutions: 100%, 50%, 25%, 12.5% and 6.25% effluent. The dilution series may be modified in the second and third test to more accurately identify the toxicity, such that at least two dilutions above (not to exceed 100% effluent) and two dilutions below the target concentration and a control (0% effluent) are run. All test results shall be statistically analyzed according to the Appendices in EPA/600/4-91/002, or the most current edition.
 - 2. For each additional test, the sample collection requirements and the test acceptability criteria specified in Section 1 above must be met for the test to be considered valid. The first test shall begin within two weeks of the end of the "routine" tests, and shall be appeluated weekly thereafter until two additional, valid tests are completed. The additional tests will be used to determine if the toxicity found in the "routine" test is still present.

PERMITTEE: Mid County Services, Inc. Donald Rasmussen, Vice-President 200 Wethersfield Avenue Altamonte Springs, FL 32714

PERMIT NO.: **ISSUANCE DATE:** EXPIRATION DATE: 04/23/05

FL0034789 04/24/00

Results from the additional tests, required due to a chronic toxicity violation in the "routine" test, shall be submitted in a single report prepared according to EPA/600/4-91/002, Section 10, or the most current edition, and submitted within 45 days of completion of the third additional, valid test. Upon the completion of the three additional tests, the permittee will meet with the Department within 30 days of the report submittal to identify corrective actions necessary to remedy the observed chronic toxicity.

Ambient Monitoring.

The Permittee shall conduct an ambient monitoring program to evaluate the potential impacts of the discharge. Prior to implementation, the permittee must submit a plan of study for the monitoring, which includes a map of the sampling sites, and a QAPP for both field collection and laboratory analysis to the Department for approval within 45 days of permit issuance. The ambient monitoring shall commence within 30 days of written approval from the Department. The monitoring described below shall be conducted on a quarterly basis for three years. At that point, the permittee may petition the Department for a reduction in monitoring frequency. If the Department determines that the effluent is having no measurable adverse effect, the Department may reduce the monitoring frequency.

Sampling Locations:

- 1. At Outfall 001 just prior to mixing with surface waters (effluent).
- Test site 1 shall be located 300 feet upstream of the outfall in Curlew Creek.
- Test site 2 shall be located 300 feet downstream of the outfall in Curlew Creek.
- Sampling Depths: Surface, mid depth, bottom samples shall be collected at the two ambient sites.

Sampling Parameters:

- 1. Surface (locations 2, and 3): pH, dissolved oxygen, temperature and salinity shall be measured at 0.1 meters below the surface of the water.
- 2. Mid-depth (locations 2, and 3): pH, dissolved oxygen, temperature, salinity, turbidity, chlorophyll-a, total suspended solids, BOD5, total Kjeldahl nitrogen, nitrite-nitrate nitrogen, total ammonia nitrogen, total phosphorus, ortho-phosphorus, tecal coliform bacteria and total coliform bacteria.
- Outfall (location 1; effluent): pH, dissolved oxygen, temperature, salinity, turbidity, total suspended solids, BOD5, total Kjeldahl nitrogen, nitrite-nitrate nitrogen, total ammonia nitrogen, total phosp ortho-phosphorus, fecal coliform bacteria and total conform bacteria.
- Bottom (locations 2, and 3): pH, dissolved oxygen, temperature and salinity shall be measured at 0.1 meters above the bottom.
- Secchi Depth: Shall be measured at the two ambient sites.
- The following ambient conditions shall be recorded at each location during sampling: air temperature, antecedent weather, rainfall and cloud cover.
- Times and dates of sampling as well as the sampler's names should be noted on the Chain of Custody (COC).

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e. The following ambient conditions shall be recorded at each location during sampling: air temperature, antecedent weather, rainfall and cloud cover.

- f. Times and dates of sampling as well as the sampler's names should be noted on the Chain of Custody (COC).
- g. A quarterly report shall be submitted to the FDEP's Southwest District (in both printed and electronic formats) presenting the results and interpretation of the sampling events.

B. Reuse and Land Application Systems

This section is not applicable to this facility.

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C. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below:

				Limits	tions					
Parameter .	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Carbonaceous Biochemical Oxygen Demand (5 day)	mg/L	Maximum	-	Report	-	-	Monthly	16-hour flow proportioned composite	INF-01-36119	
Total Suspended Solids	mg/L	Maxi mum	-	Report	-	-	Monthly	16-hour flow proportioned composite	INF-01-36119	

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2. Samples shall be taken at the monitoring site locations listed in Permit Condition I. C. 1 and as described below:

Monitoring Location Site Number	Description of Monitoring Location
INF-01-36119	At headworks, prior to treatment and RAS.

- 3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4), 5-31-93]
- 4. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6), 5-31-93]
- 5. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method in accordance with 40 CFR Part 136. Parameters which must be monitored as a result of a ground water discharge (i.e., underground injection or land application system) shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18), 11-29-94]
- 6. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5), 5-31-93]
- 7. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department on a monthly basis Discharge Monitoring Report(s) (DMR), Form 62-620.910(10), as attached to this permit. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department by the twenty-eighth (28th) of the month following the month of operation at the address specified below:

Florida Department of Environmental Protection
Wastewater Facilities Regulation Section, Mail Station 3551
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400
[62-620.610(18), 11-29-94][62-601.300(1),(2), and (3), 5-31-93]

8. Unless specified otherwise in this permit, all reports and notifications equired by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's Southwest District Office at the address specified below:

Florida Department of Environmental Protection Southwest District Office 3804 Coconut Palm Drive Tampa, Florida 33619-8318

Phone Number - (813) 744-6100

FAX Number - (813) 744-8198 All FAX copies shall be followed by original copies.

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II. RESIDUALS MANAGEMENT REQUIREMENTS

Basic Management Requirements

1. The method of residuals use or disposal by this facility is land application or disposal in a Class I or II solid waste landfill.

- 2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5), 3-30-98]
- 3. The permittee will not be held responsible for violations resulting from land application of residuals if the permittee can demonstrate that it has delivered residuals that meet the parameter concentrations and appropriate treatment requirements of this rule and the applier (e.g. hauler, contractor, site manager, or site owner) has legally agreed in writing to accept responsibility for proper land application of the residuals. Such an agreement shall state that the applier agrees, upon delivery of residuals that have been treated as required by Chapter 62-640, F.A.C., that he will accept responsibility for proper land application of the residuals as required by Chapter 62-640, F.A.C., and that the applier agrees that he is aware of and will comply with requirements for proper land application as described in the facility's permit. [62-640.300(5), 3-30-98]
- 4. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. [62-640.300(5), 3-30-98]
- 5. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(k)3&4, 3-30-98]
- 6. Land application of residuals shall be in accordance with the conditions of this permit, the approved Agricultural Use Plan(s), and the requirements of Chapter 62-640, F.A.C. [62-640, 3-30-98]
- 7. The domestic wastewater residuals for this facility are classified as Class B. The permittee shall thieve Class B pathogen reduction by meeting the pathogen reduction requirements in section 503.32(b)(3) of Title 40 CFR Part 503, revised as of October 25, 1995. [62-640.600(1)(b), 3-30-98]
- 8. The permittee shall achieve vector attraction reduction by meeting the vector attraction reduction requirements in section 503.33(b)(6) of Title 40 CFR Part 503, revised as of October 25, 1995. [62-640.600(2)(a), 3-30-98]
- Treatment of liquid residuals or septage for the purpose of meeting the pathogen reduction or vector attraction reduction requirements set forth in Rule 62-640.600, F.A.C., shall not be conducted in the tank of a hauling vehicle. Treatment of residuals or septage for the purpose of meeting pathogen reduction or vector attraction reduction requirements shall take place at the permitted facility. [62-640.400(8), 3-30-98]
- 10. The permittee shall sample and analyze the Class B residuals to monitor for pathogen and vector attraction requirements of Rule 62-640.600, F.A.C., and the parameters listed in the table below at least once every quarier. The following parameters shall be sampled and analyzed:

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Parameter	Ceiling Concentrations (Single Sample)	Cumulative Application Limits
Total Nitrogen	(Report only) % dry weight	Not applicable
77	<u> </u>	- Tot applicable
Total Phosphorus	(Report only) % dry weight	Not applicable
Total Potassium	(Report only) % dry weight	Not applicable
Arsenic	75 mg/kg dry weight	36.6 pounds/acre
Cadmium	85 mg/kg dry weight	34.8pounds /acre
Copper	4300 mg/kg dry weight	1340 pounds/acre
Lead	840 mg/kg dry weight	268 pounds/acre
Mercury	57 mg/kg dry weight	15.2 pounds/acre
Molybdenum	75 mg/kg dry weight	Not applicable
Nickel	420 mg/kg dry weight	375 pounds/acre
Selenium	100 mg/kg dry weight	89.3 pounds/acre
Zinc	7500 mg/kg dry weight	2500 pounds/acre
рН	(Report only) standard units	Not applicable
Total Solids	(Report only) %	Not applicable

[62-640.650(1)(c), 62-640.700(1) and 62-640.700(3)(b), 3-30-98]

- 11. Sampling and analysis shall be conducted in accordance with Title 40 CFR Part 503, section 503.8 and the U.S. Environmental Protection Agency publication <u>POTW Sludge Sampling and Analysis Guidance Document</u>, 1989. In cases where disagreements exist between Title 40 CFR Part 503, section 503.8 and the <u>POTW Sludge Sampling and Analysis Guidance Document</u>, the requirements in Title 40 CFR Part 503, section 503.8 will apply.

 [62-640.650(1), 62-640.700(1), 62-640.700(3)(b), and 62-640.850(3), 3-30-98]
- 12. Grab samples shall be used for pathogens and determinations of percent volatile solus. Composite samples shall be used for metals. [62-640.650(1)(e), 3-30-98]
- 13. Residuals shall not be land applied if a single sample result for any parameter exceeds the ceiling concentrations given in this permit. Residuals shall not be distributed and marketed if the monthly average of sample results for any parameter exceeds the Class AA parameter concentrations given in this permit. Monthly averages of parameter concentrations shall be determined by taking the arithmetic mean of all sample results for the month.

 [62-640.650(1)(f), 3-30-98]
- 14. The permit results of all residuals monitoring to the Southwest District Office on DEP Form 62-640.210(2)(d). The analytical results from each sampling event shall be submitted with the residuals monitoring report for the month in which the sampling event occurs. Copies of all

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applicable analytical reports shall be submitted with the monitoring results. [62-640.650(3)(a)&(e), 3-30-98]

- 15. Class B residuals shall not be used on unrestricted public access areas. Use of Class B residuals is limited to restricted public access areas such as agricultural sites, forests, and roadway shoulders and medians. [62-640.600(3)(b), 3-30-98]
- 16. Plant nursery use of Class B residuals is limited to plants which will not be sold to the public for 12 months after the last application of residuals. [62-640.600(3)(b)1., 3-30-98]
- 17. Use of Class B residuals on roadway shoulders and medians is limited to restricted public access roads. [62-640.600(3)(b)2, 3-30-98]
- 18. Food crops with harvested parts that touch the residuals/soil mixture and are totally above the land surface shall not be harvested for 14 months after the last application of Class B residuals. [62-640.600(3)(b)3., 3-30-98]
- 19. Food crops with harvested parts below the surface of the land shall not be harvested for 20 months after application of Class B residuals when the residuals remain on the land surface for four months or longer before incorporation into the soil. [62-640.600(3)(b)4., 3-30-98]
- 20. Food crops with harvested parts below the surface of the land shall not be harvested for 38 months after application of Class B residuals when the residuals remain on the land surface for less than four months before incorporation into the soil. [62-640.600(3)(b)5., 3-30-98]
- 21. Food crops, feed crops, and fiber crops shall not be harvested for 30 days following the last application of Class B residuals. [62-640.600(3)(b)6., 3-30-98]
- 22. Animals shall not be grazed on the land for 30 days after the last application of Class B residuals. [62-640.600(3)(b)7., 3-30-98]
- 23. Sod which will be distributed or sold to the public or used on unrestricted public access areas shall not be harvested for 12 months after the last application of Class B residuals. [62-640.600(3)(b)8., 3-30-98]
- 24. The public shall be restricted from application zones for 12 months after the last application of Class B residuals. [62-640.600(3)(b., 3-30-98]
- 25. Residuals that do not meet the requirements of Chapter 62-640, F.A.C., for Class AA designation shall not be used for the cultivation of tobacco or leafy vegetables. [62-640.400(7), 3-30-98]

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26. Current Agricultural Use Plan(s) identify residuals landspreading on the following site(s):

	Site	Application			Site L	ocation	***************************************		
G: 37	Туре			Latitud	de		Longitude		
Site Name	(AG or LR)	(acres)		DD	MM	SS	DD	MM	SS
Arlyn Taylor	AG	1002	Manatee	27	38	52	82	13	40
MJ Ranch	AG	1783	Manatee	27	19	05	82	10	45
Nordgren	AG	113	Hernando	28	29	39	82	27	56

The wastewater treatment facility permittee shall apply for a minor permit revision on DEP Form 62-620.910(9) for new, modified, or expanded residuals land application sites. The facility's permit shall be revised to include the new or revised Agricultural Use Plan(s) prior to application of residuals to the new, modified, or expanded sites, unless <u>all</u> of the following conditions are met:

- a) The permittee notifies the Department within 24 hours that the site is being used:
- b) The site meets the site use restrictions of Rule 62-640.600(3), F.A.C, and the criteria for land application of residuals in Rule 62-640.700, F.A.C.
- c) The permittee submits a new or revised Agricultural Use Plan for the site with a permit application in accordance with Rule 62-640.300(2), F.A.C., within 30 days of beginning use of the site.
- d) The permittee does not have another approved land application site, another approved disposal method (e.g. landfilling or incineration), or approved storage facilities available for use; and,
- e) The permittee demonstrates during permit application that application of additional residuals to an existing approved application site would have resulted in violation of Department rules, or was not possible due to circumstances beyond the permittee's control.

[62-640.300(2)&(3), 3-30-98]

- 27. Residuals application rates are limited to agronomic rates based on the site vegetation as identified in the Agricultural Use Plan. [62-640.750(2), 3-30-98]
- 28. Residuals shall be applied with appropriate techniques and equipment to assure uniform application over the application zone. [62-640.700(2)(c), 3-30-98]
- 29. The spraying of liquid domestic wastewater residuals shall be conducted so that the formation of aerosols is minimized. [62-640.700(2)(d), 3-30-98]
- 30. Residuals storage facilities at land application sites shall be subject to applicable setback requirements for residuals application sites. Residuals stored at land application sites shall be stored in a manner that will not cause runoff or seepage from the residuals, objectionable odors, or vector attraction. Storage areas must be fenced or otherwise provided with appropriate features to discourage the entry of animals and unauthorized persons. At the time of application, the stored residuals must meet the parameter concentrations, pathogen and vector attraction reduction requirements, and cumulative application limits of this permit. Residuals storage facilities at land application sites may be used only for temporary storage of stabilized residuals for no more than 30 days during periods of inclement weather or to accommodate agricultural operations, or up to the period (not to exceed two years) specified in the Agricultural Use Plan. [62-640.700(2)(e), 3-30-98]

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31. Residuals application sites shall be posted with appropriate advisory signs identifying the nature of the project area. [62-640.700(2)(f), 3-30-98]

- 32. The pH of the residuals soil mixture shall be 5.0 or greater at the time residuals are applied. At a minimum, soil pH testing shall be done annually. [62-640.700(5)(d), 3-30-98]
- 33. The permittee shall maintain records of application zones and application rates and shall make these records available for inspection within seven (7) days of request by the Department, or delegated Local Program. The permittee shall maintain record items "a" through "e" below in perpetuity, and maintain record items "f" through "k" for five (5) years:
 - a. Date of application of the residuals;
 - b. Location of the residuals application site as specified in the Agricultural Use Plan;
 - c. Identification of each application zone used by the permittee at the application site and the acreage of each zone.
 - d. Amount of residuals applied or delivered to each application zone;
 - e. Cumulative loading of each application zone;
 - f. The names of all other wastewater facilities using each of the application zones identified in item c.
 - g. Method of incorporation (if any);
 - h. Measured pH of the residuals soil mixture at the time the residuals are applied (tested at least annually);
 - I. Unsaturated depth of soil above the water table level at the time of application;
 - j. Concentration of parameters in the residuals as required by this permit, and the date of last analysis; and
 - k. The results of any soil testing that is done under Rule 62-640.500(4)(a), F.A.C.

[62-640.650(2), 3-30-98]

- 34. The permittee shall submit an annual summary of residuals application activity to the Southwest District Office on Department Form 62-640.210(2)(b) for all residuals applied during the period of January 1 through December 31. The summary for each year shall be submitted by February 19 of the following year. If more than one facility applies residuals to the same application zones, the summary must include a subtotal of each facility's contribution of residuals to the application zones. [62-640.650(3)(b), 3-30-98]
- 35. If residuals that are subject to the cumulative loading limitations of Rule 62-640.700(3), F.A.C., have been applied to an application zone, and the cumulative loading amount of one or more of the pollutants is not known, no further applications of residuals may be made to the application zone. [62-640.700(3)(f), 3-30-98]
- 36. A minimum unsaturated soil depth of two (2) feet above the water table level is required at the time the residuals are applied to the soil. [62-640.700(6)(a), 3-30-98]
- 37. Residuals shall not be applied during rains that cause runoff from the site or when surface soils are saturated. [62-640.700(7)(a), 3-30-987
- 38. Land application of "other solids" as defined in Chapter 62-640, F.A.C., shall be conducted in accordance with the Agricultural Use Plan(s) approved for this facility. Land application of "other solids" is subject to Chapter 62-640, F.A.C., and the permit conditions that apply to land applied residuals. [62-640,860, 3-30-98]

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39. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. [62-640.880(2)(d), 3-30-98]

40. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department if the storage lasts longer than 30 days. [62-640.300(4), 3-30-98]

III. GROUND WATER MONITORING REQUIREMENTS

Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Section IV is not applicable to this facility.

V. OPERATION AND MAINTENANCE REQUIREMENTS

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 61E12-41, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category I, Class B facility and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class C or higher operator 16 hours/day for 7 days/week. The lead operator must be a Class B.

[62-699, 5-20-94] [62-620.630(3), 11-29-94] [62-699.310, 5-20-92] [62-610.462, 1-9-96]

- 2. The lead operator shall be on duty for one full shift each duty day. A certified operator shall be on-site and in charge of each required shift and for periods of required staffing time when the lead operator is not on-site. [62-699.311(10) and (5), 5-20-92]
- 3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5), 6-8-93]
- 4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. [62-600.735(1), 6-8-93]
- 5. The permittee shall maintain the following records—"make them available for inspection on the site of the permitted facility:
 - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous menitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
 - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - c. Records of all data, including reports and documents, used to complete the application for a permit for at least three years from the date the application was filed;

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d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;

- e. A copy of the current permit;
- f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
- g. A copy of the facility record drawings;
- h. Copies of the licenses of the current certified operators; and
- i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350,11-29-94][61E12-41.010(1)(e), 11-02-93]

VI. SCHEDULES

1. The permittee shall abide by the following schedule:

	Implementation Step	Scheduled Completion Date
1	Repair static screen structure identified on Page 4 of Operations & Maintenance Report (O & M).	Ninety (90) days from date of permit issuance.
2	Replace grit pumps as identified on Page 4 of O&M.	Ninety (90) days from date of permit issuance.
3	Replace hand rails as identified on Page 6 of O &M.	One Hundred Twenty (120) days from date of permit issuance.
4	Recoat interior of filter cells as identified on Page 7 of O&M.	One Hundred Twenty (120) days from date of permit issuance.

VII.INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

Section VII is not applicable to this facility.

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VIII. OTHER SPECIFIC CONDITIONS

1. Annually, for three (3) years from the date of the permit issuance, the Permittee shall prepare and submit a report to the Southwest District Office, which describes the current operation and maintenance status and condition of the facility's collection system, any major maintenance improvements started or completed within the prior year, and any proposed maintenance or improvement projects for the following year. The report shall include a summary of the sewage overflows or other major problems with the collection system experienced during the previous year, and what actions were taken to correct the problems both immediately and long-term.

[62-4.070, 12-15-98]

- 2. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal, using Department Forms 62-620.910(1) and (2), no later than one-hundred and eighty days (180) prior to the expiration date of this permit. [62-620.410(5), 11-26-94]
- 3. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-600.320(9), 11-29-94 and 62-302.510(5), 2-27-95][62-610.850(1)(a) and (2)(a), 1-9-96][62-640.700(3)(c), 3-1-91]
- 4. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. [62-600.410(8), 6-8-93]
- 5. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited.

 [62-604.130(3), 5-31-93]
- 6. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550, 5-31-93] [62-620.610(20), 11-29-94]
- 7. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (external than normal domestic wastewater constituents):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
 - d. Which result in treatment plant discharges having temperatures above 40°C.

[62-604.130(4), 5-31-93]

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8. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. [62-610.464(4), 1-9-96] [and 62-600.410, 6-8-93]

- Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. [62-7.540, 12-10-85]
- 10. The permittee shall provide adequate notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

[62-620.625(2), 11-29-94]

IX. GENERAL CONDITIONS

- 1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. [62-620.610(1), 11-29-94]
- 2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. [62-620.610(2), 11-29-94]
- 3. As provided in Subsection 403.087(6), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3), 11-29-94]
- 4. This permit conveys no title to land or water, does not constitute thate recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4), 11-29-94]
- 5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee

Mid-County WWTP 200 Weathersfield Ave. Altamonte Springs, FL 32714

PERMIT NUMBER: EXPIRATION DATE:

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shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5), 11-29-94]

- 6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6), 11-29-94]
- 7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7), 11-29-94]
- 8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8), 11-29-94]
- 9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
 - b. Have access to and copy any records that shall be kept under the conditions of this permit;
 - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
 - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

[62-620.610(9), 11-29-94]

- 10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. [62-620.610(10), 11-29-94]
- 11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. [62-620.610(11), 11-29-94]

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12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. [62-620.610(12), 11-29-94]

- 13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. [62-620.610(13), 11-29-94]
- 14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. [62-620.610(14), 11-29-94]
- 15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. [62-620.610(15), 11-29-94]
- 16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300, 62-620.420 or 62-620.450, F.A.C., as applicable, at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.300 for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. [62-620.610(16), 11-29-94]
- 17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
 - a. A description of the anticipated noncompliance;
 - b. The period of the anticipated noncompliance, including dates and times; and
 - c. Steps being taken to prevent future occurrence of the noncompliance.

[62-620.610(17), 11-29-94]

- 18 Sampling and mo floring data shall be collected and and zed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
 - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10).
 - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring start be included in the calculation and reporting of the data submitted in the DMR.
 - c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.

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d. Any laboratory test required by this permit for domestic wastewater facilities shall be performed by a laboratory that has been certified by the Department of Health and Rehabilitative Services (DHRS) under Chapter 10D41, F.A.C., to perform the test. On-site tests for dissolved oxygen, pH, and total chlorine residual shall be performed by a laboratory certified to test for those parameters or under the direction of an operator certified under Chapters 62-602 & 61E12-41, F.A.C.

e. Under Chapter 62-160, F.A.C., sample collection shall be performed by following the protocols outlined in "DER Standard Operating Procedures for Laboratory Operations and Sample Collection Activities" (DER-QA-001/92). Alternatively, sample collection may be performed by an organization who has an approved Comprehensive Quality Assurance Plan (CompQAP) on file with the Department. The CompQAP shall be approved for collection of samples from the required matrices and for the required tests.

[62-620.610(18), 11-29-94]

- 19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. [62-620.610(19), 11-29-94]
- 20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.
 - a. The following shall be included as information which must be reported within 24 hours under this condition:
 - 1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 - 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 - 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 - 4. Any unauthorized discnarge to surface or ground waters.
 - b. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20), 11-29-94]

- 21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. [62-620 610(21), 11-29-94]
- 22. Bypass Provisions.

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a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:

- 1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
- 2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
- 3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.
- b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.
- c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.
- d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

[62-620.610(22), 11-29-94]

23. Upset Provisions

- a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
 - 1. An upset occurred and that the permittee can identify the cause(s) of the upset;
 - 2. The permitted facility was at the time being properly operated;
 - 3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and
 - 4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.
- b. In any enforcement proceeding, the permittee seeking to establish the occurrence of an upset has the burden of proof.
- c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review. [62-620.610(23), 11-29-94]

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MID-COUNTY SERVICES, INC.

Docket No. 030446

25.30-440(7) Notices

Not Applicable

MID-COUNTY SERVICES, INC.

Docket No. 030446

25.30-440(8) Field Employees

Employees Involved in Mid-County Services, Inc. Operations During Test Year 2002:

Don Rasmussen, Vice President of Operations (Retired June 30, 2003): Oversees all operations and employees in Florida effective January 1, 2002-December 31, 2002 of the test year.

Patrick Flynn, Regional Manager: Manages operations and employees for all West Coast operations. West Coast operations include all systems located in South Florida and West Florida. Effective January 1, 2002 – December 31, 2002 of the test year. On July 1, 2003, Mr. Flynn assumed the position of Regional Director for all operations and employees in Florida.

Michael Dunn, Regional Operations Manager: Assumed responsibility for South and West Florida operations on June 30, 2003.

Garth Armstrong, Assistant Operations Manager: Oversees the day-to-day operations within the West Coast and South Florida Operations areas.

Gary Armstrong, Area Manager: Supervises the day-to-day operations for the systems within the West Coast Operations area.

Field Employees:

Don Hostetler, Lead Operator: Don holds a Class B wastewater license. He is responsible for overseeing the day-to-day operations of the Mid-County facility during the test year.

Jay Aldrich, Operator: Jay holds Class C water and wastewater licenses.

Dave Winkler, Operator: Dave holds a Class B wastewater license.

Ralph Johns, Part-time Operator: Ralph holds a Class A wastewater license. He works two to three shifts per week at the Mid-County wastewater plant.

Facilities:

The minimum staffing requirement at the Mid-County wastewater plant is 16 hours per day, 7 days per week, by a minimum Class C wastewater operator. The lead operator must hold a Class B license. A certified operator is on-site and in charge of each required shift and for periods of required staffing times when the lead operator is not on-site.

Duties and Responsibilities:

- a) Responsible for performing treatment plant, collection system and transmission system operation and maintenance. Duties are to be completed in a reasonable and professional manner consistent with standard operating practices in order to comply with state and local regulatory rules and requirements. Must perform duties consistent with the protection of the public health and the environment.
- b) Perform responsible, efficient, and effective on-site management and supervision of all system functions.
- c) Submit complete, accurate and timely periodic plant operating reports.
- d) Report to the Permittee and the Department of Environmental Protection any serious plant or system breakdown or condition causing or likely to cause serious, inefficient or unsafe treatment or discharge of water or wastewater in a manner not authorized by the current permit.
- e) Submit accurate reports relative to treatment plant, collection system, and transmission system operation, including sampling and laboratory analysis.
- f) Maintain an operation and maintenance log for each plant, current to the last operation and maintenance task performed.
- g) Perform required preventative maintenance in conformance with equipment manufacturer recommendations. Repair or replace equipment or distribution and collection system components as needed to keep the facilities operating as permitted.
- h) Perform various service order functions including but not limited to the following: customer complaints; reading and checking meters; cross-connection inspections; installing or repairing the distribution, collection and disposal systems; installation of water meters.
- i) Maintain the visual aesthetics of the facilities in compliance with company standards, including grounds maintenance, fence repairs, site security, lighting fixtures, and general building upkeep.

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MID-COUNTY SERVICES, INC.

Docket No. 030446

25.30-440(9) Vehicles

MID-COUNTY SERVICES, INC.

Assigned to:	Vehicle #	Description	<u>VIN#</u>	Owned or Leased	Original Cost
Aldrich, Jay	0301	2003 Chevy C15	1GCEC14X63Z115146	Owned	\$19,053.10
Hostetler, Don	0016	2000 Chevy S-10	1GCCS14W2YK195806	Owned	\$15,363.17
Winkler, Dave	9833	1998 Chevy S-10	1GCCS14X2WK245013	Owned	\$16,047.78
Boom Truck	9764	1997 Ford F-150	1FTDF172SVNB06852	Owned	\$16,422.89

MID-COUNTY SERVICES, INC.

Docket No. 030446

25.30-440(10) Customer Complaints

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FUBDIVISION
             1. 00645
ROUTE
               . 645
SERVICE ORDER# :. 586782
ACCOUNT# :. 006451503630
CUSTOMER NAME :. OCCUPANT,
ACCOUNT#
SERVICE ADDRESS: 2972 BROOKFIELD LN
PHONE
              ž .
EDATE
               :- 01/14/02
LAbe
              :. 32
POPER
               : .
COMMENT
               :. CUSTOMER CALLED DUE TO SEWER BACKUP CALLED PLUMBER. PLUMBER STATED IT
               . IS ON OUR SIDE.
                PAGED TO DW
                . MRS. MANFRED CELL # 727-809-0718 HM # 727-723-0384
RESOLUTION
               :. TALKED TO THE CUSTOMER SHE SAID SEWER WAS NOT BACKED UP, SHE HAD BAD
               . ODOR IN LAUNDRY ROOM. THIS IS NOT OUR PROBLEM.
                . DH/KIM
RDATE
               :. 01/14/02
SUBDIVISION
               :. 00645
ROUTE
               1. 51
SERVICE ORDER# :. 587594
ACCOUNT# :. 006451037981
CUSTOMER NAME :. OCCUPANT,
ACCOUNT#
SERVICE ADDRESS: 825 WINDING OAKS DR
PHONE
EDATE
              ٠.
              :. 01/16/02
TYPE
              :. 35
FOPER
               . MCS
COMMENT
               :. ROBERT WALTERS CALLED AND STATED THAT A TREE FELL AND BUSTED OPEN HIS
               . SEWER LINES.
               . PH# 784-0634
                . PAGED DAVE W
               :. AFTER SENDING BACK FOR THE RESOLUTION ON 2/26/02, IT CAME BACK AS A
RESOLUTION
               . TREE FELL AND CRACKED SIDEWALK. NO CONFLICT WITH SEWER.
                . DW/EC
RDATE
               :. 02/26/02
MOISIVIDEUE
              :. 00645
ROUTE
               : .
SERVICE ORDER# :. 588928
ACCOUNT# :. 0
              :. 006450000000
SERVICE ADDRESS: .
PHONE
              : .
EDATE
               :. 01/22/02
TYPE
               :. 35
FÓPER
               ٠.
COMMENT
               :. DEPUTY WAGNER CALLED ANSWERING SERVICE DUB TO SEWER LINE BREAK
               . APGED TO ONCALL
               . PLEASE RESOLVE: JAY HAHN
               :. AFTER SENDING BACK FOR A RESOLUTION, IT CAME BACK AS KEN'S BUSH
RESOLUTION
                . HOG REPAIRED LINE THAT NIGHT.
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. DW/EC

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. DW/BC
 RDATE
                 :. 03/18/02
 SUBDIVISION
                : 00645
 ROUTE
                 :. 33
 SERVICE ORDER# :. 661596
                :. 006451144941
 CUSTOMER NAME : REGENCY HEIGHTS MHP,
 SERVICE ADDRESS: . 2550 E SR 580
 PHONE
                : .
 SDATE
                 1. 11/14/02
 TYPE
                 1. 36
 FOPER
                 :. WATER COMING OUT OF THE MANHOLE IN THE MOBILE PARK
 COMMENT
                 . AT 1ST ST NEXT TO LOT 1206-
                  . SCOTT LYCKBERG PH 727-796-1364
                 . PG TO DON H HE IS TO PH SCOTT ON THIS-DDB
 RESOLUTION
                 :. PLUG WAS IN REGENCY HEIGHTS MAPS LINE. TALKED TO SCOTT LYCHBERG AND
                 . ADVISED HIM TO USE SEMINOLE SEPTIC TO UNPLUG LINE. TALKED TO SCOTT
                  . 11/14/02 SPM. HE SAID HE HAD PROBLEM AND HAD TAKEN CARE OF IT.
                 . DON H/EC
 RDATE
                 :. 11/14/02
 SUBDIVISION
                . 00645
 ROUTE
 SERVICE ORDER# :. 664484
 ACCOUNT#
                :- 006450000000
 CUSTOMER NAME :. ,
 SERVICE ADDRESS:.
 PHONE
                ٠.
 EDATE
                :. 11/25/02
 TYPE
                :. 36
 FOPER
                : . MCS
 COMMENT
                 :. PINELLAS COUNTY CALLED THE ANS SERVICE TO REPORT THAT THE MANHOLE
                 . IS BACKING UP ON TIMBER VIEW DR, SPANISH ACRES, DUNEDIN. PLEASE
                 . PROVIDE RESOLUTION
 RESOLUTION
                :. # 1 PUMP TRAPPED. HIGH LEVEL FLOAT WAS BAD. EVERYTHING WAS REPLACED
                 . DW/EC
 RDATE
                 :. 11/24/02
 SUBDIVISION
                :. 00645
 ROUTE
                 :. 52
 SERVICE ORDER# :. 668508
 ACCOUNT#
                :. 006451144971
 CUSTOMER NAME : TRAVEL TOWNE MOBILE HOME PARK,
 SERVICE ADDRESS: . 29850 N US 19
                ٠.
 EDATE
                 :. 12/12/02
TYPE
                :. 36
 FOPER
                 :. MR. HURST CALLED DUE TO SEWER BACK UP. NEAR MIDDLE OF PARK MANHOLE.
 COMMENT
                 . PAGED TO DON H.
 RESOLUTION
                 : HAD SEMINOLE SEPTIC OUT TO JET LINE, PROBLEM WAS RESOLVED.
                  . TS/EC
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DATE

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· . 12/12/02
UBDIVISION
            :. 00645
OUTE
             :. 52
ERVICE ORDER# : . 668560
CCOUNT# :. 006451156901
USTOMER NAME : OCCUPANT,
ERVICE ADDRESS: . 1967 CASTILLE DR
HONE
            1.
DATE
             :. 12/12/02
             . . 36
YPE
OPER
             : MCS
OMMENT
             :. CUSTOMER CALLED ANS SERVICE ON 11/30/02 AT APPROXIMATELY 12.36 PM
              . TO INFORM OF GEARGLING AND BACK UP FOR FEW HOURS THEN IT IS FINE
              . AT THE RESIDENC. PLEASE PROVIDE RESOLUTION.
ESOLUTION
              : SEMINOLE SEPTIC JETTED LINE AND OPENED PLUG.
1
              . TS/BC
DATE.
              :. 11/30/02
UBDIVISION
             :. 00645
OUTE
              :. 52
ERVICE ORDER# :. 669427
CCOUNT# :. 006451136851
CUSTOMER NAME :. TACO BELL,
ERVICE ADDRESS:. 2296 SR 580
HONE
            1. 813/797-2305
:DATE
              :. 12/17/02
YPE
              :. 36
OPER
:OMMENT
              :. A DOCTOR IN THE PROFESSIONAL CENTER CALLED TO COMPLAIN THAT THIS
               . RESTAURANT (SHANGHI EXPRESS) IS DUMPING GREESE INTO SEWER AND CLOGGING
               . SEWER LINES FOR THE ENTIRE BUILDING (MOSTLY DOCTORS) IS THERE ANYTHING
               . THAT CAN BE DONE TO PREVENT THIS IN THE PUTURE? CALL DR. SOLIMAN AT
               . 791-7295. (2725 PARK DR & 2701 PARK DR)
RESOLUTION
              : TALKED TO DR. SOLIMAN ABOUT HOW TO GET RESTAURANT TO KEEP HIS
               - SEWER LINES OPEN.
               . DW/EC
STAGE
              :. 01/21/03
SUBDIVISION
              . 00645
FOULE
SERVICE ORDER# :. 603258
ACCOUNT#
            :. 006450000000
SUSTOMER NAME : . .
SERVICE ADDRÉSS:
PHONE
              :.
EDATE
              :. 03/26/02
              .. 38
FOPER
COMMENT
              :. MCS
               :. THE CUSTOMER AT 2240 WILSHIRE DR. WROTE A LETTER TO MID-COUNTY PLANT
               . TO COMPLAIN ABOUT THE ON GOING NOISE AT THE PLANT NEAR THEIR HOME
               . NIGHT AND DAY, THEY WANTED SOMETHING DONE AND TO BE ADVISED ABOUT
               . THE SOLUTION TO THIS PROBLEM.
RESOLUTION
               : PER PATRICK, GARY ARMSTRONG AND D. WINKLER DETERMINED THAT THE
                . CHECK VALVE AT WILSHIRE L/S WAS CAUSING WATER HAMMER AND NEED TO BE
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. REPLACED, MATERIALS ORDERED AND DOOR TAG HUNG TO ADVISE CUSTOMER.
                . PF/EC
               :. 03/26/02
SUBDIVISION
               :. 00645
ROUTE
               .. 52
SERVICE ORDER# :. 603265
ACCOUNT#
ACCOUNT# :. 006451013401
BUSTOMER NAME :. OCCUPANT,
BERVICE ADDRESS: 2240 WILSHIRE DR
              : .
SDATE
               : 03/26/02
TYPE
               :. 38
FOFER
               :. MCS
               :. THE CUSTOMER AT THIS ADDRESS WROTE A LETTER TO MID-COUNTY THAT
COMMENT
               . COMPLAINED ABOUT THE ON GOING NOISE AT THE PLANT THAT CONTINUES
                . NIGHT AND DAY. THEY REQUESTED THAT A RESOLUTION BE MADE AND TO
                . NOTIFY THEM ABOUT IT.
RESOLUTION
               :. PER PATRICK, GARY ARMSTRONG AND D. WINKLER DETERMINED THAT THE
                . CHECK VALVE AT WILSHIRE L/S WAS CAUSING WATER HAMMER AND NEED TO
                  BE REPLACED. MATERIALS ORDERED AND THE CUSTOMER'S DOOR WAS TAGGED TO
                . INFORM THEM ABOUT THE REPAIRS.
                . PF/EC
RDATE
               :. 03/26/02
SUBDIVISION
               :. 00645
ROUTE
               ι.
SERVICE ORDER# :. 668557
ACCOUNT#
              :. 006450000000
CUSTOMER NAME
              i.,
SERVICE ADDRESS: .
PHONE
              . .
EDATE
               :. 12/12/02
TYPE
               :. 38
FOPER
               :. MÇS
COMMENT
               :. CUSTOMER AT 2340 WILSHIRE DR PHONED THE ANS SERVICE ON 12/7/02
                . APPROXIMATELY 8:50 PM TO ADVISE OF LIFT STATION ALARM. PLEASE
                . PROVIDE RESOLUTION
RESOLUTION
               : . HIGH WATER DUE TO RAIN IN MID COUNTY AREA.
                . TS/EC
RDATE
             :. 12/07/02
SUBDIVISION
               :. 00645
ROUTE
               ٠.
SERVICE ORDER# :. 594664
ACCOUNT#
               :. 006450000000
CUSTOMER NAME !. ,
SERVICE ADDRESS:.
PHONE
              1 -
EDATE
               :. 02/15/02
TYPE
               :. 39
FOPER
COMMENT
               :. SALLY GOLDSMITH 727-798-1177 SAYS THAT THE LIFT STATION IS OVERFLOWING
                . INTO CURLEW CREEK. HER ADDRESS IS 28801 US HWY 19. LIFT STATION IS
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847 498 2064 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P. 847 P.

. DW/EC RDATE : 09/23/02

SUBDIVISION :. 00645
ROUTE :. 52
SERVICE ORDER# :. 670778
ACCOUNT# :. 006451016021
CUSTOMER NAME :. OCCUPANT,

SERVICE ADDRESS:. 2175 SANTA PAULA DR

PHONE : 727/771-8685
EDATE : 12/23/02
TYPE : 40

916) SERVICE ORDERS FOR SUBDIVISIONS 645 MID-COUNTY FOR 2002 BY SUB 09:18:11 11-07-03

CPER

DATE

OMMENT

:. MR. RICK CHABOUDY CALLED BECAUSE ONE OF OUR TRUCKS GOT STUCK AND IN

. GETTING OUT THEY HIT HIS FENCE AND BROKE A PANEL. HE WANTS IT REPAIRED.

ESOLUTION

: KEN'S BUSH HOG REPAIRED FENCE.

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DW/EC:. 01/21/03

8 records listed.

	 P.015	JATOT
1701	 	

SUB	JEKY1CE .	0140011 1001		COUNT
	ROUTE			500111
		TYPE	DESCRIPTION	
0645	645	32		1
0645	645			1
0€45	51	35		1
0645	51			1
0645		35		1 1 1
0645				
0645	52			1
0645	52			1
0545	33			1
0645	33			1
0645		36		1
10645				1
10645	33			1
10645				1
0645		36		1 1 3 3
0645				1
10645				3
10645				3
10645		38		1
0645				1
10645				1
0645				ı
)0545		38		1
)0645		39		2
)0645				3 2
10645				
0645		2		5
0645	i			18
				18

18 records listed.